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Presented by

The Editor.

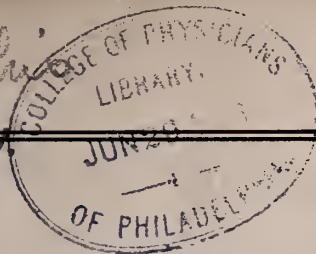
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Vol.



THE JOURNAL

OF THE
Arkansas Medical Society.

VOL. III

LITTLE ROCK, ARKANSAS, JUNE 15, 1906.

No. 1

Published on the fifteenth of each month under the direction of the Committee on Publication.

Entered June 24, 1904, at Little Rock, Ark., as Second-class Matter, under Act of Congress of July 16, 1894.

POWERFUL INTESTINAL ANTISEPTIC



WHEN in doubt as to the administration of **Acetozone**, let the practitioner ask himself these questions:

Is the pathological condition due to the presence of bacteria?

*Are the bacteria so located that **Acetozone**, in solution, can be brought into direct contact with them?*

If the answer to both questions is "Yes," then **Acetozone** is indicated.

Acetozone has effectually demonstrated its worth in typhoid fever, diarrhea, dysentery, cholera infantum and other intestinal diseases of microbial origin. While promptly destructive to germ life, it is harmless to animal tissue when administered in saturated aqueous solution.*

* Supplied in ounce, half-ounce and quarter-ounce bottles; also in vials of 15 grains, six vials in a box.

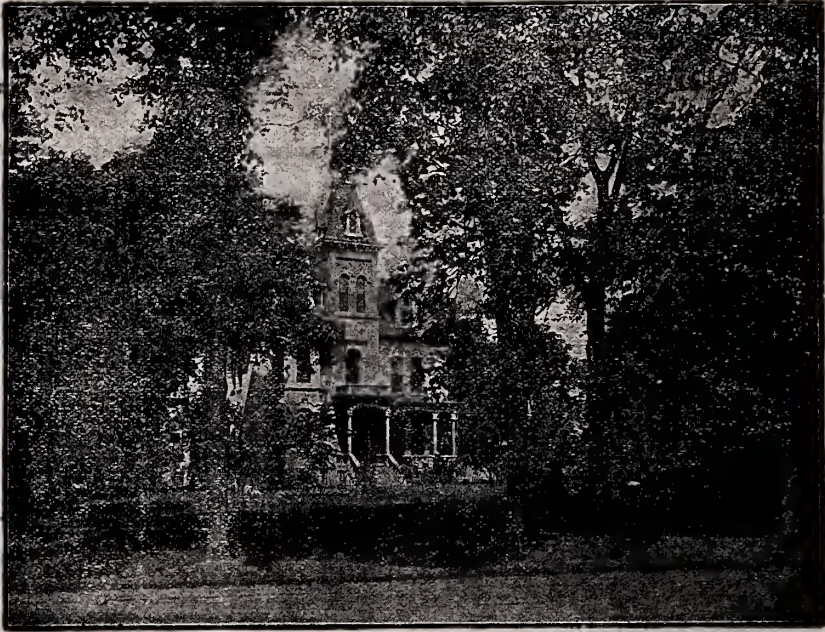
LITERATURE SENT FREE ON REQUEST.

* Formula for aqueous solution: **Acetozone** (powder), 30 grains; boiled water, at 100° F., 64 fluidounces. A little lemon or orange juice or a few drops of the oil of wintergreen may be added for flavor.

PARKE, DAVIS & CO.

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BIOGRAPHY

C. TRAVIS DRENNEN



Was born at Arkadelphia, Blount County, Alabama, July 2, 1864, and received a common school education. His father was Dr. Charles Drennen, and mother Elizabeth M. Drennen. They are a family of doctors. His brother, Dr. D. E. Drennen is living at Birmingham, and associated with his father, Dr. Charles Drennen. Graduated at Rush Medical College, spring of 1885, after which, he practiced medicine at Arkadelphia two years, so you see if he has not the sympathies of the country doctors; it was not due to environments. After that he practiced medicine at Birmingham, Ala., in partnership with his father, until he removed to Hot Springs twelve years ago. He was a member of Jefferson County Medical Society and State Society of Alabama previous to going to the Springs.

Immediately upon his arrival at the Springs, he became identified with organized medicine, and has held many positions of honor within the gift of the Hot Springs-Garland County Medical Society, as well as the State.

If he is entitled to any consideration for anything, it is due to the fact that under

the new organization he was made a councilor, afterwards President of the first council. He conceived the plan of destroying the drumming evil and did his part in bringing about the Gantt law, the passage of the Federal laws governing the practice of medicine at the Springs, and also formulating the rules now in operation by the Secretary of the Interior, and, as secretary of the first Federal board, cut off the heads of forty-three of the drumming doctors at the first lick. This was done under most trying circumstances. He was President of the council when our present law was enacted, governing the practice of medicine in the State, and used all the power in his official position to cause the same to be enacted.

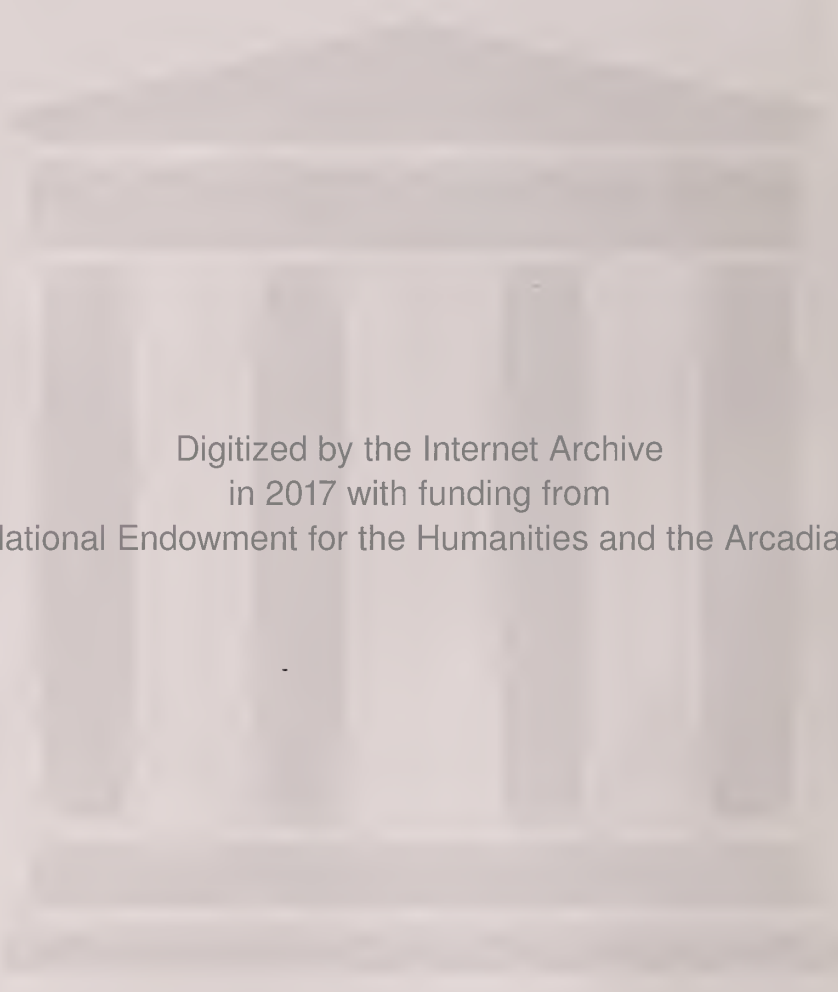
His own Society has more than doubled since he started the work, and will continue now until by and by all will be members of the Society who are or who can be made worthy.

The Doctor says the best day's work he ever did was eight years ago, when he was married to Miss Miriam Tillman, daughter of Col. and Mrs. W. L. Tillman, of Columbus, Ga.



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DR. C. TRAVIS DRENNEN,
Hot Springs,
President, Arkansas Medical Society.

THE JOURNAL

OF THE

Arkansas Medical Society

VOL. III

LITTLE ROCK, ARKANSAS, JUNE 15, 1906

No. 1

TRANSACTIONS OF THE ARKANSAS MEDICAL SOCIETY

May 7, 8, 9 and 10, 1906, House of Delegates, Hot Springs, Arkansa.

FIRST DAY.

Hot Springs, Ark., May 7, 1906.
City Council Chamber.

The House of Delegates was called to order at 8:00 o'clock, p. m., there being a quorum present, with President Carrigan in the chair.

After registration, the first order of business was the report of the Secretary.

REPORT OF THE SECRETARY.

To the House of Delegates,
Gentlemen:

In compliance with Section 4, Chapter 6 of the By-Laws of the Arkansas Medical Society, defining the duties of the Secretary, I have the honor to submit to you this my second annual report. During the second year of my official career the work has been systemized more than during the first year; but, while system has been inaugurated in a great many instances, there yet remains much to be done in the way of making the work easier, and I find that the labors of the Secretary, although more systematic, have been considerably increased. There still remains much to be done to make the machinery of the Secretary's office run more smoothly and be more productive of results.

At the meeting held in Little Rock last year there were two resolutions introduced and passed—one instructing the President and Secretary to express the sentiments of the Arkansas Medical Society, by publication in the leading newspapers of the State, and by sending a copy of said resolution to the Postmaster General, in reference to certain indecent and otherwise offensive advertisements appearing in the publications of the United States, rendering such papers obnoxious to the homes and menacing morals as well as defrauding the public.

I beg to say that this resolution was not

published in the newspapers as was directed by General Session, owing to the fact that the "copy" was turned over to the Arkansas Democrat Company for publication in the minutes: and it was expected as soon as the "copy" was handed back to proceed with the publication in the newspapers. Owing to a disastrous fire which burned out the Democrat plant, the publication of the proceedings was delayed: and other delays following this, attended with vexatious and disheartening circumstances too numerous to mention, your Secretary failed to receive back the copy of these resolutions until the 2nd day of May, this year.

The resolution offered by Dr. Breathwit, providing that the Arkansas Medical Society adopt the Revised Edition of the Constitution and By-Laws for State and County Societies, instead of the old one which we are now working under, and the resolution that the word "present" be changed to "registered" before the word "member" in Article 10 of the Constitution, has been submitted to the County Secretaries through the February Bulletin as required by law. These resolutions will come up at the proper time for your consideration.

"BE IT RESOLVED, That the word "present" be changed to the word "registered" after the word "member" in Article X of the Constitution.

"BE IT RESOLVED, That the Arkansas Medical Society adopt the revised edition of the Constitution and By-Laws for State Societies instead of the old one which we are now working under."

I do not know that I have been derelict in my duty in any other instance save this, and for this I crave your forgiveness.

During the year we have added another District Medical Society to our list, making a total of seven District Societies organized and in good condition, leaving the Second, Fourth and Sixth Districts to be organized.

From the various reports received from the meetings held the indications are that all of these District Societies are doing splendid work.

I have also the pleasure of reporting the organization of Polk County Medical Society with twelve members; and from letters received from the officials of this County Society, they seem to be starting off in the right direction. They have thrown down the gauntlet by saying that they propose to be the best Medical Society in the State of Arkansas. All the encouragement that the Secretary can

muster has been given them. They are here ready to receive a charter from your hands.

Sharp County has also been organized with a membership of five. They are represented here and are ready to receive their charter. We welcome them to the fold and will do all we can to make their alliance with organized medicine mutually agreeable and profitable.

One matter that was overlooked last year was the granting of a charter to Madison County Medical Society. This county was organized and it was the intention to present the matter to the House of Delegates and ask for a charter; in fact, their organization was reported last year, which you will find on page 5, of the minutes, Secretary's report—but somehow the matter of granting them a charter was overlooked. I mention this, so that at the proper time this matter may be attended to.

We have sixty-four counties organized with a total membership of 804, as against 792 last year, leaving eleven counties still unorganized, as follows:

Bradley,	Montgomery,
Crittenden,	Poinsett,
Cross,	Scott,
Fulton,	Stone,
Izard,	Van Buren.
Marion,	

The gain in membership since our last report is fifty-six as shown below:

Arkansas.....	1	Lawrence.....	5
Ashley.....	2	Lee.....	4
Baxter.....	1	Lincoln.....	0
Benton.....	3	Little River.....	0
Boone.....	2	Logan.....N. R.	
Calhoun.....	0	Lonoke.....	4
Carroll.....	1	Madison.....	0
Chicot.....	0	Miller.....	0
Clark.....N. R.		Mississippi.....	7
Clay.....	2	Monroe.....	1
Cleveland.....	0	Nevada.....N. R.	
Columbia.....	0	Newton.....N. R.	
Conway.....	3	Ouachita.....	3
Craighead.....	1	Perry.....	1
Crawford.....	0	Phillips.....	2
Dallas.....	0	Polk.....	12
Desha.....	1	Pope.....	3
Drew.....	2	Prairie.....	2
Faulkner.....	2	Pulaski.....	11
Franklin.....N. R.		Randolph.....	2
Garland.....	8	Saline.....	0
Grant.....	0	Searcy.....	0
Greene.....	1	Sebastian.....	5
Hempstead.....	0	Sevier.....	1
Hot Springs.....	0	St. Francis.....	0
Howard-Pike.....	2	Union.....	0
Independence.....N. R.		Washington.....	0
Jackson.....	3	Woodruff.....	2
Jefferson.....N. R.		White-Cleburne.....	4
Johnson.....N. R.		Yell.....	3
Lafayette.....N. R.			

I might say that all efforts to bring Cross County back into the fold have proven unavailing. The Councilor of that District informs me that he has made every effort in the most cordial manner to get these brethren to reunite with us and come back into the State organization, but his efforts have not been

fruitful of result. Your Secretary has failed entirely to get the charter of this Society back, although we have written repeatedly to the Secretary making demand for its return—in fact I have seen Dr. Hare in my office personally and have made demand for the return of the charter, but up to the present it has never been surrendered, and I do not know in whose hands the charter now is.

The receipts for the year have been as follows:

Bal. on hand fund from last year....	\$1110 00
From dues.....	1632 00
From sale of Transactions.....	1 50
From other sources.....	250 84
Disbursements for the year have been	1348 73

Leaving balance on hand as per Treasurer's report.....\$1645 61

The loss in membership since our last report has been forty-four as below, leaving a net gain in membership of twelve.

Arkansas.....	1	Lawrence.....	0
Ashley.....	3	Lee.....	0
Baxter.....	—	Lincoln.....	2
Benton.....	2	Little River.....	0
Boone.....	2	Logan.....N. R.	
Calhoun.....	0	Lonoke.....	3
Carroll.....	5	Madison.....	0
Chicot.....	0	Miller.....	0
Clark.....N. R.		Mississippi.....	0
Clay.....	1	Monroe.....	0
Cleveland.....	0	Nevada.....N.	
Columbia.....	0	Newton.....N.	
Conway.....	0	Ouachita.....	0
Crawford.....	0	Perry.....	1
Craighead.....	0	Phillips.....	3
Dallas.....	1	Pope.....	1
Desha.....	0	Polk.....	0
Drew.....	1	Prairie.....	1
Faulkner.....	0	Pulaski.....	7
Franklin.....N. R.		Randolph.....	1
Garland.....	2	Saline.....	0
Grant.....	2	Searcy.....	1
Greene.....	0	Sebastian.....	2
Hempstead.....	0	Sevier.....	1
Hot Spring.....	0	St. Francis.....	0
Howard-Pike.....	0	Union.....	0
Independence.....N. R.		Washington.....	0
Jackson.....	0	White-Cleburne.....	0
Jefferson.....	—	Woodruff.....	0
Johnson.....N. R.		Yell.....	0
Lafayette.....N. R.			

RECEIPTS BY COUNTIES.

Arkansas.....	26	Desha.....	18
Ashley.....	28	Dallas.....	18
Baxter.....	8	Faulkner.....	26
Benton.....	56	Franklin.....	14
Boone.....	24	Grant.....	4
Calhoun.....	8	Garland.....	70
Carroll.....	48	Greene.....	28
Chicot.....	20	Hempstead.....	26
Clark.....	—	Hot Spring.....	12
Clay.....	26	Howard-Pike.....	24
Cleveland.....	28	Independence.....	—
Columbia.....	13	Jackson.....	30
Conway.....	32	Jefferson.....	—
Crawford.....	18	Johnson.....	—
Craighead.....	36	Lafayette.....	—
Drew.....	30	Lawrence.....	42

Lee.....	32	Polk.....	24
Little River.....	8	Prairie.....	22
Logan.....	—	Pulaski.....	144
Lincoln.....	22	Randolph.....	22
Lonoke.....	44	Saline.....	18
Madison.....	8	Searcy.....	10
Miller.....	30	Sebastian.....	76
Mississippi.....	76	Sevier.....	26
Monroe.....	32	St. Francis.....	16
Nevada.....	4	Union.....	44
Newton.....	—	Washington.....	44
Quachita.....	32	White Cleburne... 46	
Perry.....	10	Woodruff.....	30
Phillips.....	32	Yell.....	38
Pope.....	24		

DISBURSEMENTS.

Amount paid Councilors.....	\$ 250 00
Wm. Ezell, for janitor service.....	6 40
Honorarium for State Secretary.....	150 00
Hire of express wagon and postage..	4 65
A. V. Stafford, services rendered.....	5 00
M. Fink, for stationery.....	5 50
L. D. Wadley, services as stenographer	9 10
Arkansas Democrat Co., stationery..	5 70
Noel Loeb, services as stenographer	115 00
Ark. Dem. Co., 2,500 letter heads and	
June Bulletin.....	46 00
L. S. Overton, services as stenographer	24 30
C. C. Stephenson, postage.....	5 00
C. C. Stephenson, services of steno-	
grapher	10 00
Noel Loeb, stenographic services....	4 80
C. C. Stephenson, postage.....	10 00
C. C. Stephenson, paid for stenog-	
rapher	5 00
C. C. Stephenson, paid for stenog-	
rapher	7 50
F. S. Overton, services as stenographer	42 62
Ark. Dem. Co., 1,500 envelopes, July,	
Aug., Sept., Oct. Bulletin.....	185 50
C. C. Stephenson, paid for stamps and	
telegrams,	15 00
C. C. Stephenson, paid for stenog-	
rapher	5 00
L. S. Overton, services as stenographer	12 80
Ark. Dem. Co., Nov. and Dec. Bulletin	103 00
Ark. Dem. Co., circular letters, etc....	13 85
L. S. Overton, services as stenographer	9 10
Arkansas Democrat Co., Jan. Bulletin	52 50
Arkansas Democrat Co., Feb. Bulletin	57 50
Arkansas Democrat Co., March Bulletin	41 80
Ark. Dem. Co., postage on Transactions	37 46
Central Printing Co., Programs.....	42 15
Spott & Jefferson, medal for Med. Col.	25 00
L. S. Overton, services as stenographer	37 80

Total.....\$1345 03
3 70

\$1348 73

The Secretary acknowledges receipt of copies of Transactions of the following State Medical Societies, and for which copies of the Transactions of the Arkansas Medical Society have been sent in return.

Texas	Washington
Iowa	West Virginia
Tennessee	California
New Hampshire	Oregon
South Dakota	Idaho
Arizona	Florida
Utah	

Also begs to acknowledge the following State Medical Journals, which have been placed on our exchange list and copies of the Monthly Bulletin of the Arkansas Medical Society are sent to them:

Medical Recorder,
Medical Bulletin,
Medical Summary,
Pennsylvania State Medical Journal,
Pennsylvania Medical Journal,
Medico-Legal,
California State Journal of Medicine,
New York State Journal of Medicine,
Medical Age,
Southern Clinic,
California Medical Journal,
New York and Philadelphia Medical Journal.
Therapeutic Gazette,
Medical Review of Reviews,
Detroit Medical Journal,
Kentucky State Medical Journal,
Proceedings of the Phila County Medical Society,
Alkaloidal Clinic,
Regular Monthly Medical Visitor,
Southwestern Medicine,
St. Louis Medical Review,
Texas State Journal of Medicine,
Journal of the Kansas Medical Society,
American Journal of Clinical Medicine,
Journal of the Medical Society of New Jersey,
Journal of the South Carolina Medical Association,
Pennsylvania Medical Journal,
Ohio State Medical Journal,
Detroit Medical Journal,
International Journal of Surgery,
The Medical Bulletin,
Journal of the New Mexico Medical Association,
Hot Springs Medical Journal,
Medical Herald,
Colorado Medicine.

In addition to this, I beg to say that copies of the following medical publications have been sent to me for review in the Bulletin of the Arkansas Medical Society: "Quiz Compend on Obstetrics," by Henry G. Landis; "Tyson's Practice," "The World's Anatomists," "Thorington's Ophthalmoscope, and How to Use It," "Leffman's Chemistry and Toxicology."

It might not be out of place to say something in this connection, as your Secretary, concerning the publication of the Bulletin of the Arkansas Medical Society. However, I realize that this is a duty that the Publication Committee owes to the State Society; but perhaps I am in a position to give some facts concerning this publication, as Secretary, to a better advantage than the Publication Committee can.

First: I will state that, acting under your instructions the Bulletin has been enlarged and advertisements have been sought for and procured, though not as many as we anticipated, nor as many as we wished, still it must not be forgotten that it is a hard matter to secure advertising for a small publication like the Bulletin, much more so than it is for a

medical journal that makes more pretensions.

Second: The cost for the publication has been materially increased; not only has it been increased from the addition of pages that has been made, but the printers have increased much as last year, and, in some instances more than three times. It was thought for a while that this increase could be offset by the amount of advertising that we would secure: and we have, in a manner, offset very nearly one-half of the increased cost: which would leave our Bulletin at pretty near the same price that it was last year.

As Secretary of your State Society, I have the following suggestions to make:

First: By all means merge the Bulletin into a journal.

Second: Do not limit the size of your journal, but let the editor use his own discretion.

Third: If it must be limited, make it a forty-eight page journal, solid reading matter, no less.

Fourth: Do not restrict the contributions to this journal to our own physicians residing in Arkansas, but let the editor secure such articles from meritorious men throughout the Union, as are in his judgment is most applicable.

Fifth: Continue to accept ethical advertisements as heretofore.

Sixth: Make every effort to derive revenues sufficient from advertising sources to pay for the publication of the journal, if it is at all possible.

Seventh: I wish to reiterate my recommendation made last year that this journal be sent free to every regular physician in the State, who is eligible to membership in his county society, provided he is a prospective member. I mean by this one who is not openly and above board opposed to medical organization. Let all others pay a subscription price of one dollar per annum.

If we continue the publication of our annual volume and the monthly publication at the increased cost to secure the work done by the printers, it will become an absolute necessity to raise the dues of this Society or do away with the annual transactions or the monthly publication, for it will be impossible to continue both publications and pay the expenses of the Society from the revenues that we now derive. As much as I would dislike to see our annual volume discontinued, yet, I believe it will be the best for the Society to use the funds required for the annual volume, in meeting the increased cost that will be incurred by enlarging and journalizing the Bulletin.

In conclusion I desire to return my sincerest thanks to the members of the Arkansas Medical Society for the many courtesies which they have shown me during the past year. It has been my highest ambition to make you a good Secretary. How far short I have fallen from my aspiration remains for you to judge. I know that I have made mistakes. It is only human to err: but it is divine to forgive. While I feel that I am a human being, and prone to error, yet at the same time I beg to say that all the errors that I have made, have been made in endeavoring to serve the interests of the medical profession of our State,

and so far as I can see it, they have not been of the heart, but of the head. If at any time I have conducted the affairs of the Secretary's office in a manner that has not met your approval, I beg of you to be forgiving, and remember that last year was filled with delays, vexations and disappointments, and that your Secretary has been harassed more than he cares to tell.

Thanking you for the honors that you have conferred upon me, and for your patient endurance during my term, which I am now closing out, I beg to remain,

Yours fraternally,

C. C. STEPHENSON, Secretary.

The next order of business was the report of the Treasurer.

TREASURER'S REPORT.

Report of R. C. Thompson, Treasurer of the Arkansas Medical Society.

Received May 25, 1905	\$1 110 00
Received January 20, 1906	253 00
Total	\$1 363 00

DISBURSEMENTS.

Voucher No. 51	\$ 25 00
Voucher No. 52	6 40
Voucher No. 55	5 00
Voucher No. 53	150 00
Voucher No. 50	25 00
Voucher No. 54	4 65
Voucher No. 62	25 00
Voucher No. 56	25 00
Voucher No. 63	25 00
Voucher No. 57	25 00
Voucher No. 60	25 00
Voucher No. 59	25 00
Voucher No. 49	25 00
Voucher No. 61	5 50
Voucher No. 64	9 10
Voucher No. 58	25 00
Voucher No. 65	5 70
Voucher No. 66	115 00
Voucher No. 67	46 00
Voucher No. 69	24 00
Voucher No. 70	5 00
Voucher No. 71	10 00
Voucher No. 72	4 80
Voucher No. 73	10 00
Voucher No. 75	5 00
Voucher No. 76	7 50
Voucher No. 77	42 65
Voucher No. 78	185 50
Voucher No. 79	15 00
Voucher No. 80	5 00
Voucher No. 81	12 80
Voucher No. 82	103 00
Voucher No. 83	13 85
Voucher No. 84	9 10
Voucher No. 85	52 50
Voucher No. 86	57 50
Voucher No. 87	41 80
Voucher No. 88	37 46
Voucher No. 89	42 15
Voucher No. 90	25 00

Total

Balance on hand

Respectfully submitted,
R. C. THOMPSON, Treasurer.

Dr. R. C. Thompson: I move that these two reports be referred to the Auditing Committee.

Seconded and carried.

Chairman: I will appoint Dr. B. D. Luck, Dr. Wm. Breathwit and Dr. J. S. Westerfield on that Committee.

Secretary: I would like to state that the bill for printing the transactions is still unpaid, from the simple fact that your Secretary did not feel himself authorized to pay this bill in the absence of the other two members of the Publication Committee, Dr. E. R. Dibrell, who is at the present time sick in Rochester, Minn., and Dr. W. C. Dunaway, who is in Hot Springs sick at this time. The amount of the bill of the Arkansas Democrat is \$1,019.37. I stated to them that in view of the fact that we have been kept out of the transactions for the past eleven months, or, you might say, nine months, I did not feel that it was just and right for the Society to pay for something that was stale, no more than we would go down there and buy a newspaper published last year. The last issue of the Bulletin appeared on the 4th day of May, when it should have come out on the 10th of April. The copy was furnished on the 25th of March. If you will observe in that, there are some glaring blunders. They have a picture run in there that was to be used in connection with an article sent in by Dr. Williamson, of Marianna. They left out Dr. Williamson's article, but ran that picture in with a little piece I had written. I told them that I didn't think they should expect the Society to pay the agreed price for such work, but that I would refer the matter to the House of Delegates—that I did not feel authorized to pay the claim, but knew that the House of Delegates would do the proper thing. Mr. Wm. S. Mitchell stated that the Arkansas Democrat Company would be perfectly willing if we would pay for the transactions and the expressage and postage on them and they would charge nothing for the April Bulletin. He said he knew the publication had been entirely unsatisfactory to the profession as well as to themselves, but being handicapped the way they had been they positively could not do any better for us. So, the matter is now in your hands.

Dr. Kirby: I move that the Auditing Committee make a recommendation as to the matter just now spoken of by the Secretary.

Seconded. Carried.

Secretary: There is one matter that I entirely overlooked. In reading the report giving you the status of affairs, that is, financially speaking, I forgot to state here that we have accounts collectible of \$368.16. This is based on estimates made of their last year's reports if they pay the same thing that they paid last year.

Dr. Kirby: If it is not out of order, I make a motion approving the action of the Secretary regarding his running the Society in debt for sending out the Bulletin and such things to other states.

Seconded. Carried.

Dr. Kirby: I move that the books sent to the Secretary for review, and which he mentions in his report, be donated to him as a bonus for his services rendered.

Seconded. Carried.

Secretary: I am certainly much obliged to you, and I will try to take time to read them, anyway.

REPORT OF COMMITTEE ON SCIENTIFIC WORK.

To the House of Delegates:

Your Committee on Scientific Work, through two of its members, begs to report to you that we have been in close touch with the Section Secretaries, and have prepared for you the printed program which is now here for distribution. It is with deep regret we announce that this committee did not have the valuable services of Dr. Ed R. Dibrell, a member of this committee, who has been quite ill for the past four or five months, and who at the present writing is in Rochester, Minn.

We thought it best to arrange for the House of Delegates to meet in advance of the General Session, as we did last year, excepting, that we have prepared the meeting for the night, instead of the afternoon, feeling that it might require some member from the remote parts of the State to have to travel on Sunday, in order that they might reach here in time for the meeting of the House of Delegates, should they meet in the day time. To avoid this, we could arrange only for the meeting at 7:30. Even then, it is barely possible that some of them will have to make the trip on the Sabbath; but we trust that enough work will be accomplished to enable the House of Delegates to attend the General Session; and we have arranged the hours so as not to conflict. The matter of having two sections going on at one time was thoroughly discussed—in fact, your committee was at work on this program four and one-half hours—and we decided, if it were at all possible, that it would be best not to have two sections at work at the same hour; as the interest in one might detract from the other. If possible to finish the program in a given length of time, we believe it will prove

best to have one section only filling the hour at a given time, though this is meant only as a recommendation.

Respectfully submitted,
C. C. STEPHENSON, Chairman.
ANDERSON WATKINS,
ED R. DIBRELL.

REPORT OF COMMITTEE ON PUBLICATION.

To the House of Delegates:

Your Committee on Publication has the honor to submit to you the result of their labors, which is as follows:

1. We realize that the year which is past and gone has been fraught with delays, disasters, disappointments and vexation, and that you have to share in these with us. We regret exceedingly the delays in the receipt of your Transactions and failure to get our publication, the Monthly Bulletin, out on time. As a mitigating excuse for your Committee, which we ask you to accept, we desire to say that the "copy" for the publication of your Bulletin has been presented to the printers promptly on the first to fifteenth of every month, giving them from ten to fifteen days in which to publish it. The "proofs" have been read and returned promptly, in no instance remaining out of the printer's hands over night.

2. The proceedings of the Arkansas Medical Society for 1905, as you are aware, was set up in type, printed and ready for the bindery, when a disastrous fire occurred which burned out the plant of the Arkansas Democrat Company, which company had been awarded the contract for the printing during the preceding year. Fortunately for our Society, our "copy" was saved; but the work had to be done over again. The matter was set up a second time, the reading of the "proof" begun, and it was read with absolute promptness; we were promised time and time again that we should have these proceedings on a specified date; but another delay occurred; which, perhaps, has been more disastrous to us than the fire was. I refer to the general strike of the printers. The Secretary of the State Medical Society has visited the printing office time and time again, telephoned repeatedly, sent word by messengers, and had the printers in his office for consultation about this volume of Transactions. He was assured at each and every meeting and on every enquiry made by him, that the Transactions would be forthcoming. Just why we have not been favored with these publications with any degree of promptness is more than we can possibly tell you. We do not believe there is as much excuse for the delay as has been made from time to time, but we are willing to be charitable—but it does seem to us that had the printers discharged their duty faithfully, you would have had your Transactions long, long ago; and you would receive your Bulletin strictly on time. In order that you may realize something of the hindrances that beset us, I beg to call your attention to the anomalous condition of affairs that has presented itself in the matter of the May Bulletin being issued and mailed to our members four days earlier than the April number. This was occasioned by the "copy" for the May

issue being turned over to another printer for execution. The copy for the April number was given to the printers on the 25th day of March, with the request that it be issued and mailed out by April 10th. This issue was mailed on the 4th day of May!

However, the year has closed and the usual stationery, circular letters, etc., have been printed and full report of these is shown in your Secretary's reports. It is to be hoped sincerely that the incoming Committee on Publication will be spared the annoyances that have marked the service of your outgoing committee.

Respectfully submitted,
C. C. STEPHENSON, Chairman.
WM. C. DUNAWAY,
ED. R. DIBRELL.

On motion, the House of Delegates adjourned until the following day, at 8:00 o'clock, a. m.

SECOND DAY.

MORNING SESSION.

The House of Delegates was called to order at 8:00 o'clock Tuesday morning, pursuant to adjournment, with President Carrigan in the chair.

Dr. Kirby: The first order of business being the selection of a Nominating Committee, I move that the Secretary call out the names of the Counties composing the various Councilor Districts, in order that the delegates may get together and select a man from their respective Districts to compose that Committee.

Seconded. Carried.

Secretary: There is no delegate from Arkansas County, nor is there an alternate, and the probabilities are that neither one will be here. Dr. Winkler, from Arkansas County, is here and willing to serve and represent that County, if the House will permit him.

Dr. Kirby: I move that he be permitted to serve.

Seconded. Carried.

The Counties being called, the following were selected as members of the Nominating Committee from the respective Councilor Districts:

First Councilor District: Dr. J. E. Pringle.

Dr. J. M. Jelks: There is no delegate from the Second Councilor District except myself and Dr. Cleveland, Councilor, but he will not be with us this morning.

Secretary: I move that Dr. Jelks be appointed on the Committee.

Seconded. Carried.

Third Councilor District: Dr. W. H. Deaderick.

Fourth Councilor District: Dr. B. D. Luck.

Fifth Councilor District: Dr. W. A. Purifoy.

Sixth Councilor District: Dr. J. H. Weaver.

Seventh Councilor District: Dr. J. J. Butler.

Eighth Councilor District: Dr. W. A. Snodgrass.

Ninth Councilor District: Dr. J. T. Tipton.

Tenth Councilor District: Dr. J. J. Smith.

Chairman: The report of the Committee on Public Policy and Legislation is now in order, having been deferred from yesterday.

Dr. Shinault: I have no written report to make. The fact is, I am neither chairman nor secretary of that Committee. There is nothing doing, however, owing to the fact that this is an off-year. We have not been called on to do anything in particular towards medical legislation. I would like to lay stress on one thing, however, and call the attention of the incoming President, whoever he may be, to the fact that he should be very guarded in selecting the next Committee on Medical Legislation for the State of Arkansas, owing to the fact that the legislature convenes in January, and there will be some important matters in the way of bills asked by this Society, as well as those from irregular sources. For that reason, there ought to be good, active men on this Committee who are willing to go there and work in behalf of organized medicine and work equally as hard against things which tend to degrade the profession. I feel like I am in a position to encourage something of this kind owing to the fact that I do not intend, under any circumstances, to serve any more on that Committee, even though I were called upon. However, I do not look for it, in the first place. I feel free to talk along this line. We certainly need a good, active Committee for the next year. We need one that can go before that assembly and meet any argument brought to bear against the bill in a pleasant manner and in a convincing way, and I do hope that whatever the Society has in the

way of bills introduced next year that they will show a little more respect for the Committee than has been shown in the past. They do not seem to realize what this Committee is for. For instance, some doctor in one section of the State has an amendment to the bill which he wishes to introduce. He will draw it up and put it in the hands of his representative. Some other man from some other section will do likewise, and the amendments, perhaps, will conflict and cause confusion, and might be the means, perhaps, and would be the means, of defeating both amendments, and might cause a wrangle in the legislative halls and cause the defeat or the repeal of the old bill. I hope that whenever any man has a bill to introduce, that he will call upon the committee and put it in their hands and let them handle it and introduce it and help to work to get it through.

Chairman: Without objection, the report will be received.

Dr. Thibault: The Arkansas Medical Society is responsible to the people of Arkansas, to the medical profession of Arkansas, and those who intend entering the medical profession of Arkansas, for the State Board of Medical Examiners of the Arkansas Medical Society, and there ought to be some provision in the Constitution and By-laws of the Society to receive annual reports from that Board of State Medical Examiners, stating how they conduct examinations, what questions are asked, what candidates appeared before them and what efforts have been made to keep disreputable men out of the State. It is our duty, since we are responsible for the existence of the Board, to be responsible for the conduct of that Board. We ought to know what they are doing. Of course, we trust the men upon it, and trust the Board as a whole, but still it is a neglect of our duty to the State as a whole, to the community and to the profession not to receive annual reports from that Board, and know exactly what it is doing. The Board is composed of men of intelligence enough to be glad to receive any suggestions that this Society might make; it might lead to improvement in any department that they might have to deal with. I move that this Society, either through its By-Laws, or by resolution introduced here, make some provision for receiving annual reports from the Board of Medical Examiners of Arkansas.

President: The report of the Board of

Visitors to the Medical Department of the Arkansas State University was omitted yesterday.

Dr. Runyan: Dr. Sheppard, the chairman of that Committee, will not arrive until 9:00 o'clock.

Secretary: I have some questions that I would like to present to the Society upon which it might be well, perhaps, for the Society to take action. If they think well of them, they can appoint a committee to looking after this and report at some future meeting of the House of Delegates. I think there should be a committee appointed to take into consideration the idea of extending some kind of aid to the San Francisco sufferers. All the States in the Union are doing that, and it might be well enough for Arkansas to do the same thing. I think it would be well enough for the Society to take some recognition of the idea of contract practice. And, then, we ought to appoint a committee to get up some resolution to endorse the action of the Committee on Pharmacology of the American Medical Association. I think that it would be a good idea for us to select a committee to pass some resolution condemning what has heretofore appeared in the newspapers within the last month or two of the efficacy of the so-called "mad-stone." I think that this Society should condemn that in no unmeasured terms. Perhaps, it would be a good idea to appoint a committee to look into the matter of liability insurance. Other states are doing that. There is another idea, which, perhaps, may be a little bit novel. I think it would be a good idea for us to do as two or three Eastern State Societies are doing—New Jersey in particular—and that is to offer a prize medal for the best research work done by any member of the Society. That has been the custom with the New Jersey State Society for a number of years. It is a stimulus, to say the least. It might be well for the Society to offer, also, something in the way of a social entertainment for the County Society making the best report, based on gain in membership, by attendance at meetings, and the best work done generally during the year. These are some things that just occurred to me, which it might be a good idea for the Society to take up.

Dr. Dunavant: There is one more question that I would like to have the Society

express itself on, and that is regarding fees for life insurance examinations.

Secretary: I have that down in my memoranda, but overlooked it. I think that is a good suggestion.

Dr. Deaderick: Does the Secretary put that in the form of a motion?

Secretary: No. They are merely suggestions.

Dr. Deaderick: It would have to be in the form of a motion.

Dr. Hippolite: I move that the President appoint committees to look after these points.

Seconded.

Secretary: I think it would be well enough to appoint a committee to look after our publication. I believe a committee could do better work on that than the House of Delegates as a whole; that a committee recommend as to whether we should continue with the annual volume or whether we should continue with the Bulletin, or merge the Bulletin into a Journal.

Dr. Mann: I would suggest, also, in keeping with the points mentioned by the Secretary, that some steps be taken towards memorializing the legislature and asking that the State Board of Health of Arkansas be put on a salary, that the Legislature of this State appropriate sufficient funds to put the State Board of Health upon a salary, so that they can do more efficient work. I think it is a thing that is very badly needed in the State, and I believe that a resolution of that kind carried to the Legislature and endorsed by every County Society in this State would go a long way towards correcting the evil. I see no reason why physicians of this State should act as a board of health and do the work for a million and a half of people without receiving a cent for it. I do not think the State of Arkansas is a pauper by any means. I believe that the men composing the State Board of Health should be the best paid men in the State. I think it is a shame that the Legislature would allow these men to do the work and not appropriate a cent for it. I do not see that Arkansas is a pauper, and don't see why five or six men should guard the lives of a million and a half of people for nothing.

Dr. Thibault: Dr. Mann's suggestion seems to me to come under the instructions of the House of Delegates to the Committee on Public Policy and Legislation. It would be

in derogation to that Committee to appoint another committee to consider a question that properly comes under their care. It ought to come under their care and the Committee on Public Policy and Legislation ought to be made familiar with the desires of the profession of the State. This is not anything against the spirit of Dr. Mann's argument. We should pay the Board of Health, but I think that the proper way is for such suggestion to be made through the House of Delegates to the Committee that we will have to attend to the matter of legislation.

Dr. Mann: I agree fully with Dr. Thibault that the Committee on Public Policy and Legislation should have full charge of this, but I also believe that they would have more influence with the Legislature if a resolution for that one thing were put into their hands. I believe every County Society could do better work to get it, coming from the whole medical profession.

Dr. Kirby: I think if you just appoint a Committee on Public Policy and Legislation on that subject, that will get rid of the matter.

Dr. Runyan: As I understand the statement, it would be a good idea to appoint a Committee on Public Policy and Legislation now. My opinion is that that ought to be left, as it has in the past, to the incoming President.

Dr. Kirby: My suggestion was that this Committee report to the present House of Delegates.

Seconded. Carried.

Dr. Shinault: What is the real object of the temporary committee?

Chairman: To investigate and report on these resolutions and suggestions. I will appoint on that Committee, Dr. Hipolite as chairman, Dr. Kirby and Dr. Corn.

Dr. Corn: I am not a delegate.

Dr. Deaderick: It is not necessary that the members of the committees should be members of the House of Delegates, according to the Constitution.

Secretary: In regard to the payment of dues by honorary members, Monroe County has sent \$4.00 for dues for two honorary members. St. Francis County has sent \$2.00 for one of her honorary members. I gave those counties receipts for this money, not believing that I had any authority to return it. Even if they are honorary members of

their County Society, it is another matter whether the State Society will carry them as honorary members or not. I have no instructions on that. But, they are the only counties that paid for their honorary members. The point I want a ruling on is this: Whether I should return this money, or whether I shall proceed to collect dues from the honorary members all over the State?

Dr. Hipolite: These honorary members have a membership in their own County Societies. Haven't they paid \$2.00 to the State Society?

Secretary: They haven't been.

Dr. Hipolite: They pay their dues as members of their County Society to the State Society. Would it be right to have them as honorary members pay another \$2.00?

Secretary: That's what I want a ruling on; whether to send it back or not.

Dr. Mann: I move that the Secretary return the money.

Seconded. Carried.

Dr. Hipolite: I am in favor of changing the name of our Society from the Arkansas Medical Society to the Arkansas State Medical Society. It should be known as a State Society.

Secretary: If we adopt the Constitution and By-Laws as prepared by the American Medical Association, that will carry with it the name of "State." It is already printed here.

(Dr. Stewart, First Vice President, in the chair.)

Secretary: I wish to ask the House of Delegates for a ruling on this question: It has been the custom heretofore for the State Medical Society to pay \$25.00 a year for a medal for the medical college, which you all know. That has been done. I have issued warrants, but I have been doing it without any authority. I would like for the House of Delegates to give me the authority to do that, if they expect to continue it. I would not like to issue the warrant without some authority to do it. There is no provision in the Constitution and By-Laws for the payment of that, that I know of.

Dr. Thibault: From what I have heard of the history of the Society and from those familiar with it, a good many years ago this authority was granted by resolution. But outside of that, I think under Article II, of the Constitution, under the head of "Purposes of the Society," we have authority for

the giving of a sum for a medal to the members of the graduating class passing the best examination in all branches.

Secretary: The only thing in the world that prompted me to ask for this ruling is simply this: The jeweler, the other day, when he presented his bill for the medal, stated to me, "I will not make another medal unless you say you will be personally responsible for it." He said he had been making this medal for ten or twelve years. I told him I supposed the bill would be paid all right, but I don't think that section that Dr. Thibault read there covers the case at all. The Medical Society, under the old law, passed a resolution making this appropriation, but I think this Society under this new law should pass a resolution to adopt this. I think we ought to continue it. I want a ruling that will authorize me to do it. I have no authority to do this. I don't think that section there covers the case at all.

Dr. Runyan: I would like to ask the Secretary if the jeweler ever had any trouble in getting his money?

Secretary: No, sir.

Dr. Runyan: What prompted him to say that? He had always gotten his money ever since I have known anything about the Society. If he is a little bit disgruntled, we should teach him an object lesson and give it to another jeweler.

Dr. Thibault: If there is a resolution for this medal, the minutes ought to show it.

Secretary: Not under the re-organization. We were working under a different constitution.

Dr. Thibault: I move that we confirm all payments of money that have been made for this medal for the number of years in which it was done, as Dr. Stephenson says, and that the Secretary in the future be authorized to purchase the medal for said purpose to cost not exceeding \$25.00.

Seconded. Carried.

Dr. Pringle: Would it not be a good idea to name the time and place of the meeting of the Nominating Committee?

Dr. Snodgrass: I move that the Nominating Committee meet in this room immediately after the House of Delegates adjourns this morning.

Seconded. Carried.

Dr. Kirby: Should not the Committee on Arrangements make its report to the House?

Secretary: No. That comes before the General Assembly.

On motion, the House of Delegates adjourned until 1:30 o'clock p. m.

SECOND DAY.

AFTERNOON SESSION.

The House of Delegates met pursuant to adjournment at 1:30 o'clock p. m., with President Carrigan in the chair.

Secretary: Under the head of Unfinished Business comes the resolution introduced last year to lay over until this year. It might be taken up the first thing. The resolution is as follows:

"BE IT RESOLVED, That the Arkansas Medical Society adopt the revised edition of the Constitution and By-Laws for State Societies instead of the old one which we are now working under."

Dr. Thibault: Any resolution of that kind has to lay over. A man makes a motion, and is tabled for a certain length of time; if there is no provision made for taking that motion from the table, doesn't it require that the man that made it should make a motion to remove it? Or, can anybody make a motion to bring it from the table?

Secretary: I think he could make a motion to table this resolution. They can reject, accept or table it. The resolution was introduced here a year ago, and has been presented to the County Societies, as required by law. It is for the House to say whether they shall table this motion, postpone it, accept it or reject it.

Dr. Thibault: You misunderstand me. These resolutions dealing with the Constitution and By-Laws are tabled by provision of the Constitution itself for one year. They have to lay over. It has been tabled for a year. What action is necessary to bring it forward?

Secretary: It has never been tabled.

Dr. McCammon: I rise to a point of order. The gentleman is not allowed to speak twice on any subject.

Dr. Thibault: That applies only to discussions of papers.

Dr. McCammon: I move that this resolution that was introduced last year be accepted by the House.

Dr. Shinault: Before that motion is acted on, I would like to ask that the resolution be re-read.

Secretary: (Resolution re-read). For the benefit of those who do not understand or

are not in possession of the facts concerning this, I wish to state that this revised edition of the Constitution and By-Laws is one that was put out by a committee appointed by the American Medical Association for the purpose of promulgating a constitution and by-laws. The one we are working under now is the first one that was adopted by this committee. This one that it is proposed we should now accept is the revised edition. They had worked on this thing for about a year and a half, and they had cut out, rewritten, and cut-out, and had gone over every phase of it, so that it would be uniform and adaptable to every State in the Union, and that they have now just about as near a perfect constitution as could be asked for. Now, the American Medical Association wants each State to adopt this, if they will, instead of the old one that was put out first. Dr. Simmons wrote me a letter himself asking me to make an explanation and ask the Society if they would please adopt this instead of the old one, and in addition to it requested that the County Societies adopt the revised edition of the Constitution and By-Laws for County Societies.

Dr. Mann: I second Dr. McCammon's motion.

Dr. Thibault: What does his motion mean? That it be accepted, that we take it under consideration, or that it be adopted?

Chairman: That it be adopted.

Dr. Thibault: If his motion passed, does that mean that we have adopted the revised edition?

Chairman: Yes.

Dr. Thibault: That question is open to debate, as to the right to adopt that Constitution, whether or not it is in order, or as to the advisability of its adoption. It ought to be considered, each section at a time. That is rather a hasty way to adopt a constitution. I am opposed to the adoption of this Constitution to begin with on general principles, and another reason is we have never taken it up. The Secretary of this Society, in compliance with Article XII of the Constitution in relation to amendments, notified the County Societies through the Bulletin that this motion had been made, and probably that was to correct the official notification. This article provides that a copy of that resolution be sent to every County Society at least two months before the session at which final action is to be

taken, and no such copy was sent to any of the County Societies in the State of Arkansas. They have had no opportunity except they went to work to hunt these things up themselves to compare the old with the new Constitution. This Society has a Constitution. It violates it every time the House of Delegates meets. It violates it every time the District Medical Society meets. This Constitution provides that each District Medical Society should have one annual meeting half way between the annual meetings of the State Society. Every District Society in the State holds two or three or four meetings. We don't live up to the Constitution we have. What is the use of having another one? What is the use of adopting and amending and amending and adopting, when every session we hold we violate the Constitution we have? I think the best thing we can do is to try and learn something about the old Constitution before we adopt the new.

Chairman: I think Dr. McCammon's motion, seconded by Dr. Mann, is appropriate. If I am wrong, I would like to be called down upon it. If there is any other gentlemen who wish to discuss this matter, all right; but I believe I will put the motion.

Dr. Young: I was instructed by the Washington County Society to oppose this new Constitution for a number of reasons. The Benton County Society gave the same instructions to their delegate. If we are going to adopt the new Constitution, we cannot jump out here and swallow the whole thing. If you will look over this, you will find there are a number of places left blank, and it is an absolute impossibility unless we just let some one fill this new Constitution from the old one. For instance, it says that "the State shall be divided into Councilor Districts." You will find those blanks on every page. If we adopt that, we have absolutely no guide. We have all those places left blank. There is nothing binding in the Constitution because there are so many things left blank that way that should be filled in. That is one objection to it. I think that invalidates the whole thing. If this thing was to come up properly, there should have been a committee appointed last year to go over the proposed Constitution and fill in all these blanks and make each one of them fit what we want. That is the strongest objection I have to it now. My

County Society is opposed to under-graduates. I think every county in the north-western part of the State is so situated. I don't know what you have in line of under-graduates in the South, but the northern part of the State does not need them in her County Societies; that is, most of them. It seems to me that the proper thing to do, if we are going to act on this matter at all, is to appoint a committee of, say three members and the Secretary, if he has time, to go through this new Constitution and fill in these blanks and then adopt it section by section. I don't believe in swallowing the thing whole, any more than you go and eat your dinner all at a bite. I want to know what we are getting, and I think we all ought to know.

Dr. Breathwit: I introduced this resolution last year for more than one reason. The principal reason was that it was the revised Constitution and By-Laws used by our parent institution and by some of the brightest men in that institution, who had given a great many hours and days, yea, even days and weeks, of study to the formation of a constitution and by-laws that would be adaptable to every State in the Union. If we are in affiliation with the parent organization and render to her the proper loyalty, the proper thing would be to submit to their dictum. I understand there is a motion before the House and seconded, but I would like to make a substitute motion, that the chair appoint Drs. Thibault, Young and some other one member to fill in the blanks in this new Constitution and By-Laws and let us adopt it as a whole.

Dr. Warren: There is no provision made for adopting the new Constitution in toto, but there is a provision made for changing or amending the Constitution we have been working under. I want to say that Drs. Young and Thibault are correct, so far as I know, and so far as my Councilor District is concerned, I feel sure that the new Constitution has never been presented to those County Societies for thought and study. I think this about it; I don't believe we ought to hastily go into this thing. When we adopted this Constitution, it took us quite a time, and we had a committee composed of Drs. Fink, Yates and Kirby, I believe. I do not believe we can intelligently adopt this new Constitution without taking it up by sections and arranging it so that it would

apply to us specifically, because it is a general Constitution, and we don't know what we are getting into. For instance, there is a clause in there with reference to the number of delegates we will have, or the number of members that will entitle us to a delegate. Every State will have a different number to entitle it to delegates. All Societies have one, of course, but we have to determine that matter. There are other matters of equal importance.

Dr. McCammon: Where have you all been during the last year? This thing has been up all the year. He is talking about rushing into it.

Dr. Brooksher: I rise to second the remarks of Dr. Warren. So far as I know, I plead ignorance to the contents of the Constitution. It may be a great deal better than the one we have, but I don't think it is right to ram this thing down the throats of the Arkansas Medical Society because the parent institution says so. It may be a great deal better than the one we have, but I think we ought to know it is better before we do it. Maybe it is all my fault, but I don't know anything about it. I never saw a copy of the Constitution until I came here today. I don't know anything in the world about what it contains. The members who got this up know a great deal more about what is necessary in a constitution and by-laws for the State than I do. But, I think the Arkansas Medical Society is able to adopt its own Constitution, and I believe we ought to do it. There are conditions here that do not obtain in other places. There may be things in there which, if we adopt it hastily, we may regret. I think if we adopt it at all, it ought to be adopted section by section. If not, I don't think we ought to adopt it. We have a Constitution that we have been working under, and, if there is any serious objections in it, let's remedy them. If we adopt the new Constitution in toto, let's adopt it section by section. It may be a great deal better but I think we ought to know it. I am opposed to adopting the thing as a whole.

Dr. Guthrie: I think we can save valuable time. We cannot adopt a new Constitution, we can only amend, and can only amend when notice is given, as provided in Article XII of the Constitution on Amendments. It is very clear. It provides for an amendment, "provided that such amendment shall have been presented in open meeting at the

previous annual session, and that it shall have been sent officially to each component County Society at least two months before the session at which final action is to be taken." (Applause.)

Dr. McCammon: I move we call a Constitutional Convention for the coming year. I move that we adjourn, if you do not take action on that.

Dr. Trotter: I believe there is a motion before the House. His motion is out of order, because there is already one motion before the House.

Dr. Thibault. A motion to adjourn is always in order.

Dr. Trotter: He made it on top of his own motion. I would like to amend Dr. McCammon's motion to the effect that we lay this matter over for another year, and that a committee of three be appointed to fill in the vacant spaces here, and that notice be sent out at least two months before our next annual session.

Seconded. Carried.

On motion, the House of Delegates adjourned until Wednesday morning, at 9:00 o'clock.

THIRD DAY.

MORNING SESSION.

The House of Delegates was called to order at 9:00 o'clock Wednesday morning, pursuant to adjournment, with First Vice-President Stewart in the chair.

Chairman: The report of the Auditing Committee, which is to consider the reports of the Secretary and Treasurer and the question of the bill of the Arkansas Democrat, should come up under the head of Unfinished Business.

Dr. Breathwit: Dr. Luck, the chairman, has the report, and that matter will have to be postponed until he appears.

Chairman: The report of the Special Committee on the Suggestions of the Secretary is now in order.

REPORT OF GENERAL COMMITTEE ON SECRETARY'S RECOMMENDATION.

To the President and House of Delegates:

We, your special committee to whom was referred the suggestions made by Secretary C. C. Stephenson for recommendations, beg leave to submit the following:

1. That the question of a donation to the California earthquake sufferers be taken up by the House of Delegates after hearing a report

from the Secretary of our State Society upon our financial condition.

2. We unanimously report in favor of the merging of the Bulletin into a Journal and discontinuing the annual volume of proceedings.

3. With regard to contract practice, we recommend that we be governed by the Principles of Medical Ethics.

That a special committee be appointed to frame resolutions commending the work of the Committee on Pharmacology of the American Medical Association in its fight against the patent medicine evil.

5. With regard to fees for Insurance Examinations, the matter be left to the various county societies to be dealt with as they may see proper.

6. We unqualifiedly condemn the action of any member of the medical profession who would recommend to the unsuspecting the alleged virtues of the mad stone.

7. We recommend that a special committee be appointed to report to the House of Delegates at this or our next annual meeting upon the feasibility of forming a Liability Insurance Organization within our State Society; it being fully understood by all that there should be nothing to compel members of this Society to become members of said Insurance organization.

8. We recommend that a special committee be appointed to report upon the propriety and feasibility of the State Society or numbers thereof by joint stock company, or otherwise erecting and maintaining a medical building for the use of this Society. We cannot see how this can be done until the Society has a permanent home.

9. We recommend the conferring of medals by this, the State Society for meritorious prize essays on investigation based upon original research.

W. W. HIPOLITE,
J. S. CORN,
LEONIDAS KIRBY.
Committee.

Chairman: Inasmuch as there are some eight or ten recommendations, the only way to adopt the report is to do so section by section.

On motion, the first four sections of the report were adopted.

Dr. Butler: I move the adoption of the fifth section.

Seconded.

Dr. Holmes: I think the Chair should appoint a committee to formulate rules and regulations respecting examination fees for life and fraternal insurance companies.

Dr. Brooksher: I came here instructed by the Sebastian County Medical Society to vote to secure, if possible, a minimum fee of \$5.00 for examinations. I think it is right. I think we earn it, and I think that it is just; especially in view of the recent disclosures that have been made regarding some of these

insurance companies. I think we ought to insist upon it. I personally feel that we ought to have it. If this report is adopted, it means that it will go ahead just as it is, and the insurance companies will dictate to us what we will take. I have talked to some members of the Society, and they claim that we can do it. If the State Society cannot do it, then the County Society cannot do it. So, it leaves us absolutely at the mercy of the insurance companies. I see this question was voted down last year, and I don't care to take up time discussing it. But, as I came here from my Society instructed this way, and feeling this way personally, I believe, that we ought to insist upon a minimum fee, and I believe the Arkansas Medical Society is able to enforce it if we want to do it. It is just a question whether we want to do it or not. I personally feel like we ought to have it. I don't believe that report ought to be adopted. I say leave it where it is. If the State Society cannot cope with it, the County Society cannot.

Dr. Breathwit: I think the State of Tennessee has established a precedent regarding life insurance examinations that we could follow and do a great deal of good in regard to what we may secure from life insurance companies for examinations. They did not establish any settled law, but they recommended that no member of the Tennessee State Society make an examination for any old line company for less than \$5.00, and that no member of the Society make an examination for fraternal or assessment insurance companies, where the individual had to pay the fee, for less than \$2.00. While we cannot make a rule, we can recommend that no member of the Society should make an examination for any old line company for less than \$5.00, and I think it is the duty of every County Society or the State to establish that rule. We have done it in our county.

Dr. McCammon: I have been giving this matter considerable study, and I have seen the members of the profession in several counties about it. I am as heartily in favor of making a minimum fee of \$5.00 as any man could possibly be. In counties where the organization is completely effected, it would be the easiest thing in the world to get the fees, but there are some counties wherein the physicians, out of protection to themselves, cannot enter into this sort of agreement.

This is a matter purely of the County Society. The State Society could recommend, but it cannot enforce the fees of the locality. Some localities of the State pay \$3.00 per visit and some pay as low as 50 cents. So, we cannot undertake to make the fees of any locality. We can recommend that we have a certain minimum fee. In the State of North Carolina, or South Carolina, the State Society passed a resolution that the fees should be \$5.00. There are some life insurance companies, for instance the Penn Mutual, that has always paid \$5.00 for straight life insurance examinations, but they have cheap policies in which no urinalysis is required, and they always paid \$3.00 for that. I think it is no more than fair, right and just for \$3.00 to be accepted by the doctors as fees for those cheap policies. There are very few of them issued, as a matter of fact, but still it is done. We ought to consider that point. They pay and have always paid \$5.00 for straight life insurance examinations. I think the best we really can do is to recommend that the minimum fee for examinations shall be \$5.00 and in case of no urinalysis \$3.00, and for fraternal and benefit companies, a minimum of either \$2.00 or \$3.00.

Dr. Shinault: It seems to me that, in order to be sure of results, this matter ought to be taken up by the American Medical Association, and I would suggest that the delegate to the American Medical Association be instructed to cast his vote for a fee of \$5.00 in old line companies, and \$2.00 for fraternal companies. The insurance companies will come more near respecting the action of the American Medical Association than they would that of the State Society, which is only a part of the American Medical Association. I am heartily in favor of \$5.00 being the minimum fee for old line companies. I don't believe that fraternal insurance companies ought to be taxed so heavily. I believe it is a matter that we ought to start at the root of; in other words, let the American Medical Association take up the matter, and we will come near getting results than in any other way.

Dr. Thibault: I heartily agree with the suggestions of Dr. McCammon that this Society cannot lay any restrictions in this matter beyond recommendations. They might adopt a resolution, "Resolved, by the Medical Society that it would be considered indeco-

rous or unbecoming to the dignity of the profession for any member of this Society to make examinations for less than \$5.00 for old line insurance companies or whatever the fee might be." Dr. Shinault spoke of the American Medical Association. Less than three weeks ago, through its journal, it was suggested that the County Societies meet and establish a minimum fee, whether \$5.00 or \$10.00 or \$6.00 or whatever amount it was, and I believe it is the sense of the American Medical Association that it ought to be taken up in the County Societies first. Yet, the societies themselves are not the ones to appeal to, but the individuals. These companies sent out notices stating that they will not pay any longer more than \$3.00 for examinations. That individual physician, if he has not got the stamina enough or self-respect enough to either resign or demand \$5.00, it would not do a bit of good for this Society to pass any resolution. It depends upon the individual; upon the man. I was examiner for the Metropolitan, and they did not require a urinary examination unless the policy was more than \$3,000. I always got a fee of \$5.00 from them. One day a circular letter came stating that they would require a urinary examination in all cases, no matter if the policy was no more than \$1,000 or \$500, or any amount, and if any suspicion was attached to the case, a microscopic examination should be made. But, where the policy was no more than \$4,000, they would pay me \$3.00 for the examination. On the back of that letter, I simply wrote them an endorsement like this: "As I am in no way responsible for the amount of the policy that is taken out by the applicant, and as you require the same examination for all policies, you will have to accept this as my resignation." They wrote back that under the circumstances they would have to accept it. That is the kind of action that will have to be taken by the individuals in order to bring them around, because most of these old line insurance companies have adopted a resolution or rule stating that their examinations have to be by qualified members of the State organization or the American Medical Association. It all rests with the individual, if he has stamina enough to lose his job rather than degrade himself by taking a lower fee. We are the ones who have the goods to deliver. We don't need the insurance companies; we don't need the examinations.

Dr. Hipolite: We have gone over the points spoken about, and have recommended that it be referred back to the County Societies. As far as the American Medical Association is concerned, as suggested by Dr. Shinault, I don't see that that would do any more good than the action of our State Society. We could only recommend, but, if we insisted upon a \$5.00 fee, the next thing they would say we have a trust, which would be illegal. When it comes down to the County Society, it depends, as Dr. Thibault said, on the individual. I believe \$5.00 should be the minimum fee. I examined for some twelve or fifteen years for old line companies, and I am a pension examiner. We have men in our County Societies who would leave those Societies if we had a rule of that kind. It would tie up those of us who remained in the Society who would be asking \$5.00. They are graduates from regular colleges and all that sort of thing, but would be ready to drop rather than lose those fees. Some of these parties never have a paper before the Society; in other words, they are drones in the hive of medical industry, so to speak. They are certainly after the almighty dollar, and, certainly, if the insurance companies cannot pay \$3.00 they would take \$2.00, if they would pay it. The equitable used to pay \$5.00, and, finally, they sent out a letter requesting me to make examinations for \$3.00 for policies for less than \$3,000. I wrote in reply to the effect that when I made an examination and gave a professional opinion, whether it be \$1,000, \$5,000 or \$10,000, as far as that is concerned, I made a thorough examination, and it was worth just as much to me and took just as much time, whether it was for \$1,000 or \$5,000, or \$10,000 or \$20,000. If I make a microscopical examination, of course, I have to have an extra fee. I wrote them that my resignation was in their hands to be accepted as soon as they could find some one to fill my place. They did not stop the business; I continued to act. I haven't made any examinations recently for that company. But, after writing them, for sometime I received my \$5.00 the same. I never received any reply. They never accepted my resignation. I am still examiner. The Metropolitan paid us \$5.00; now it is \$3.00 for less than \$3,000. I think the New York Life never pays but \$3.00 for \$3,000 or less. But, I will not make an examina-

tion, for I cannot give a professional opinion, without making an urinalysis. It is for my own satisfaction. I could not recommend the acceptance of an applicant until I knew what I was talking about, and I could not tell until I had made a urinalysis. We all know how we are sometimes surprised to find sugar in the urine without suspecting it. In pension examinations, I am required in every case to make a urinalysis. We cannot say to the pension office that they must pay us \$5.00.

Dr. Westerfield: I desire to ask a question for information. I have only heard one county in the State that has adopted a resolution requiring their members to charge \$5.00. I would like to ask the doctor to tell us how long that has been in effect, and what results it has had?

Dr. Breathwit: It has been in effect about forty days, and the result has been that they have not changed examiners, but that the insurance solicitors had to go into their pockets for the difference. Every graduate in our county is a member of our Society. While the insurance companies haven't changed their examiners or accepted our resignations or demanded them, one or two solicitors stated to me that the companies were going to cut the county. Let them cut the county. We don't care a continental. The next day one of those men came, and said, "I want you to make an examination for the New York Life." I said, "You will have to dig." He said, "All right, I will give you an additional \$2.00." Dr. Vance, of Edinburg, made five examinations for the same company the same week, and the solicitor dug.

On motion, section 5 was adopted, as was also sections 6 and 7. Section 8 was next brought up for discussion.

Dr. Holmes: I want to be instructed when I go back to our town to make an assessment from every one to build a home for the medical men, one in keeping with the dignity of the profession.

Dr. Hipolite: This resolution does not cover a home for doctors, aged or otherwise. It is a matter of making a home or meeting place with library for the Society to meet in after years.

Dr. Holmes: As I understand, we should own a piece of property and have a building where the doctors can meet and have the use of a library. I don't want a bed or lodging or

anything like that, but a home place where all the members can come to the building. When we come here, we can go into our own building like the Masons, Knights of Pythias and other orders. I suggest that a committee be appointed.

Dr. Thibault: Before this Society can own property, it will have to be incorporated.

Secretary: It is incorporated.

Dr. Thibault: I did not know that. That is all that is necessary. That would be necessary before we could own a building or property.

On motion, Section 8 was lost by a rising vote.

On motion, Section 9 was adopted.

Dr. Brooksher: Are we merely adopting the report of this Committee, or does this stand as the adoption by the House of Delegates?

Secretary: It stands as an adoption.

Dr. Brooksher: Is it the law?

Secretary: Yes.

Dr. Brooksher: And this authorizes this Society to give a medal?

Secretary: Yes.

Dr. Brooksher: I was under the impression that we were only adopting the report of this Committee.

Secretary: That Committee made these recommendations to the House for their adoption or rejection. We adopted it with one exception.

Dr. Thibault: We have adopted the section authorizing the Society to give a medal for meritorious papers or original research work. We ought to make some provision for determining what papers are meritorious and what are the most meritorious, and whether we should give a medal every year or every two or three years. I think it ought to be put in the hands of the Councilors to determine the merits of these papers, and I think we ought also put in a clause to cover the case where a paper might be meritorious but where it would not be entitled to a medal.

Chairman: Your suggestion is a good one, and I will allow you to go on.

Dr. Thibault: I move that the Councilors be appointed as a committee to determine the merits of the papers we are supposed to give a medal for, and the value of the medal, and they be instructed that if they deem any paper not of sufficient merit that they need

not give a medal, and that the medal be given annually.

Seconded. Carried.

Secretary: I have the pleasure to inform you that Polk County has organized and paid her dues. Bradley County has organized and paid her dues. Both are represented here. Sharp County has organized, so I have been informed through the newspapers, but I have had no report from that county and there is no representative present from Sharp County.

Dr. Kirby: I move that charters be granted to Polk and Bradley Counties.

Seconded.

Dr. McCammon: Bradley County has had a charter all this time. There is no need of giving them another one. They have had one for years. They went defunct down there and have reorganized.

Secretary: There is no record on the books since I have been Secretary of Bradley County being organized. It is, perhaps, upon some of the minutes prior to my being Secretary. I haven't noticed it.

Dr. McCammon: Dr. Runyan was Secretary, and through error there were two charters issued to Bradley County. One is in my office today.

Chairman: I move that a charter be granted to Polk County.

Seconded. Carried.

Dr. Kirby: I move that Bradley County be re-instated.

Seconded. Carried.

Dr. Breathwit: Under the head of New Business, I desire to bring up the resolution read by Dr. Minor before the Section on Practice of Medicine, that the papers read on Uncinariasis be printed for free distribution for the membership of this Society. As a matter of economy, whereby we can save \$25.00, that these papers and the discussions be printed in the Bulletin at its next issue, which will save the expense of reprinting and save the expense of mailing, and by that means get it out at an earlier date to every member of the State Society.

Seconded. Carried.

On motion, the House of Delegates adjourned until 1:30 o'clock p. m.

THIRD DAY.

AFTERNOON SESSION.

The House of Delegates met pursuant to

adjournment at 1:30 o'clock p. m., with First Vice-President Stewart in the chair.

Chairman: A matter to come up this afternoon is the granting of a charter to the Madison County Medical Society.

Secretary: I wish to state that Madison County was reported as organized last year, or rather she organized year before last and paid her dues, and I reported her in my report, and it was my intention to ask for a charter, but somehow or other the matter was overlooked, and I would like to ask the House of Delegates to grant Madison County Medical Society a charter.

Dr. Kirby: I move that a charter be granted.

Seconded. Carried.

Dr. Luck: As chairman of the Auditing Committee, I desire to read our report.

To the President and House of Delegates:

We, your committee appointed to offer recommendations regarding claim of Arkansas Democrat Company, beg leave to submit the following:

Since the Arkansas Democrat Company offer to deduct \$37.50 from their claim of \$1,019.37, and on account of their 8 months delay in publishing the proceedings we recommend that an additional reduction of \$56.87 be made, leaving a total balance due the Arkansas Democrat Company of \$925.00 in full settlement of claim to date.

Respectfully,

J. B. WESTERFIELD.
WM. BREATHWITT,
B. D. LUCK,

May 7, 1906.

REPORT OF AUDITING COMMITTEE.

To the President and House of Delegates:

We, your committee appointed to audit books of Secretary and Treasurer, beg leave to submit the following:

We find the books to correspond to a cent, their records being perfectly kept, showing a perfect check on each and every item. From the records shown, we must conclude that the duties of your Secretary have been tedious and arduous, and must have taxed his patience to a very great extent. We feel that the House of Delegates are under many obligations to his pains-taking care in the performance of his duties. The Treasurer's books show care and accuracy, and the fact that our funds have been in safe, conservative hands.

B. D. LUCK,
WM. BREATHWITT,
J. S. WESTERFIELD.
Committee.

May 7, 1906.

Dr. Hurley: I move that the first section of the report of that committee be received.

Seconded. Carried.

Dr. Hipolite: I move that the second section be received.

Seconded.

Dr. Luck: I would like for the Secretary to relate to us the conversation between him and the Arkansas Democrat before we pass upon it.

Secretary: I stated to the Democrat people that inasmuch as they had delayed the transactions as long as they had, I did not think it was just to the State Society to expect us to pay the contract price. I understand and realize that they lost out by fire and all that, and that they published this at a loss, but that is not our fault. We ought not to be held responsible for their calamity. I told Mr. Mitchell that I believed if they would make some concessions, that the House of Delegates would be willing to do everything that was right. But, inasmuch as they have not given us our transactions in time, they ought not to expect the contract price. Mr. Mitchell told me, "We will do whatever is right." I told him I thought the Auditing Committee would be willing to recommend a settlement of the claim for \$925.00, and if he would be willing to accept that I would so state to the Committee and let them recommend it. He realized that he had not done exactly as he ought to have done, and that he would be willing to take \$925.00. So, it is agreeable.

The motion being put, it carried.

Secretary: Inasmuch as Saline County's delegate is not present, I think it would be well enough for the House of Delegates to let Saline County be represented through her member who is here, Dr. J. M. Phillips.

Dr. Hipolite: I move that this be done.

Seconded. Carried.

Secretary: Woodruff County is in the same condition, but I don't remember the gentleman's name whom Drew County selected to represent them. If he is in the House, I would like for him to give us his name.

Dr. Brewer: Dr. Barlow's mother is sick, and he has not been able to attend. I do not know who the alternate is.

Dr. Hipolite: I move that Dr. Brewer be appointed to act in the place of the delegate from Woodruff County.

Seconded. Carried.

Secretary: I desire to read a telegram from Dr. John A. Wyeth:

New York, May 8, 1906.

"Dr. C. C. Stephenson, Sec'y.,
Hot Springs.

Could not leave at this time. Fraternal greetings to the profession of the State which was my home for three happy years."

JOHN A. WYETH.

Dr. Thibault: I move that the Secretary be authorized to acknowledge the receipt of Dr. Wyeth's telegram, paying to him the respects of the Society, either by telegram or letter, as he sees fit.

Seconded. Carried.

Chairman: I have a statement from President Carrigan as follows, which he desires me to present to you:

"Inasmuch as the different component medical societies did not have legal notice two months in advance of the meeting, I do not believe it would be legal to consider any change of the By-Laws and Constitution at this meeting, but that it would facilitate matters very much to appoint a committee of three to revise the By-Laws and Constitution and report at the next meeting."

Chair appoints on that Committee Drs. Corn, Young, Trotter, Breathwit and Duna-vant.

Dr. Thibault: I believe that we ought to decide whether we are going to appoint a committee and the mode of appointing before we take up the subject of the personnel of the Committee. I don't think we ought to put it altogether in the hands of the President without the House of Delegates having anything at all to say in the matter.

Chairman: I was not at the meeting yesterday morning, and know nothing about the state of affairs that existed. This was at the suggestion of the President.

Dr. Thibault: The matter is dead before the House of Delegates, and unless some resolution or motion is introduced to revive it under some other conditions, it cannot be considered.

Chairman: I understood it was tabled until the next year.

Dr. Thibault: That was in reference to adopting the revised Constitution. This is in regard to the amendment of the By-Laws.

Dr. Young: The motion made yesterday and carried was that this Committee be appointed to report tomorrow to this Society on the Revised Constitution and to take the legal steps for its adoption next year. That motion was made and carried, that a committee be appointed to look over the Revised

Constitution and present it here to morrow.

Chairman: And that is his action here in appointing that Committee?

Dr. Warren: That motion named three as the Committee. The intention of it was, as I understood it, to designate three men at this meeting at some time. I do not remember the names selected by the President, but there were five names suggested, and the motion said only three. In the appointment of that Committee, I would like to make the request that at least one Councilor be appointed on that Committee. They have more to do with the Constitution than any other man in the State, unless it is the Secretary; but there is a great deal in the Constitution in reference to the Councilors, and I don't think it would be asking but what is right for one or more Councilors to be put on that Committee, because you know what they have to do. They are familiar with the old Constitution. The new Constitution is very little different from the one we are working under now; but very little different. It is different with regard to the Councilors and the Councilor's work, and the difference is greater there than anywhere else.

Chairman: I will carry this matter over until tomorrow morning to stop the discussion.

Dr. Kirby: I understand they propose to carry this new Constitution over until next year, or whatever the committee sees fit to present to us next year. It has to be sent out two months beforehand. This Constitution says the House of Delegates may amend any article of the Constitution "by two-thirds vote of the delegates registered at the annual session, provided such amendment shall have been presented in open meeting at the previous annual session." I think they would have to report to us.

Dr. Thibault: This Committee has to report, and we have to receive their report, and then it lays over for a year.

Dr. Hipolite: Can't we reconsider the action of yesterday and appoint a committee for today ready to report tomorrow?

Chairman: It can be done in the morning. This was forced on me by the President. This Committee whom I appointed at Dr. Carrigan's request will report to the House of Delegates in the morning, and they can accept or reject the report, just as they see fit.

Dr. McCammon: There is something in

this new Constitution that refers to the Councilors, and the present Councilors would like to be heard before this Committee.

Dr. Hipolite: Inasmuch as the Committee has not yet been discharged which had under consideration certain question, we would like to hear from the Secretary as to the financial standing of the Society, and perhaps we might ask to reconsider that portion of our report against the merging of the Bulletin and transactions into a journal.

Secretary: I turned over to the Treasurer yesterday \$1,627.94. Amounts collectible are about \$240.00, to be added on to this. Of this amount, \$925.00 will be paid out to the Arkansas Democrat Co. and \$57.00 to the Central Printing Co., for the May issue of the Bulletin, and \$250.00, I presume to the Councilors, and the expenses of this meeting. We will not have money enough to publish the Transactions and the Bulletin this year and pay for them unless we proceed to raise the dues or make some other arrangements. For the information of the House of Delegates, I would like to state this: From the figures I had submitted to me, you can still have your annual volume and a journal of 48 pages and save about \$800 or \$900 a year in the Transactions. If you cut out the annual volume of transactions and run the proceedings of the House of Delegates and the scientific sections each month into a monthly journal, and instruct your members to give their names to the secretary as to whether they wish this bound volume at the end of the year or not, at the end of the year you will only have to pay 60 cents to have them bound. You will have the same thing you have now with more pages, and a more dignified journal than a bulletin, and you will save \$800 or \$900 in the deal. I don't see the necessity of giving \$800 or \$900 a year for printing that annual volume, when we could do the same thing in the Journal every month, and just instruct the printer to run off enough copies to fill all orders for bound volumes at the end of the year. You will have identically the same thing, and will save that money. But, we won't have enough money to do all that this year.

Dr. Hipolite: In view of that explanation, your Committee desires permission to reconsider their recommendation in reference to merging of the Bulletin into a journal.

Dr. Moulton: In reference to that, I

think all that is necessary is for somebody who voted for that motion that prevailed yesterday to move now to reconsider it. I want to ask the Secretary a question in regard to the Journal and the bound volume of the Journal. If a member does not wish to receive his Journal monthly, he has to notify the Secretary?

Secretary: No. He gets it the same, just as the Bulletin.

Dr. Moulton: In addition to that, he will get an extra bound volume?

Secretary: Yes. It may cost up as high as 85 cents, but last year it cost $62\frac{1}{2}$ cents. I haven't got the figures submitted on bound volumes this year.

Dr. Moulton: I suppose he will receive the bound volume in lieu of the monthly Journal?

Secretary: No. Suppose for argument's sake that there are 48 papers read before the Scientific Sections. We take those 48 papers and divide them into 12 parts, and run 1-12th in each monthly issue. The proceedings of the House of Delegates will be run in the first issue, so that you will have the whole thing the first thing. If 500 members want a copy of these proceedings bound at the end of the year, that will give the Secretary notice that they want them bound. He in turn simply tells the printer when he prints that 1,000 copies of the Journal or Bulletin, whichever it is, to run 500 or 600 or 700 copies more of the Scientific Sections and proceedings, and at the end of the year bind them in one volume for these 500 or 600 members who may want it. You get your Journal just the same every month with every bit of this printed in it, and at the end of the year you get a bound volume at a cost of about 60 or 75 cents.

Dr. Hipolite: I ask that we be permitted to reconsider that recommendation.

Dr. McCammon: I move that the Committee be allowed to reconsider this recommendation.

Seconded. Carried.

Chairman: There is an amendment to the Constitution to be acted upon at this meeting, which reads as follows:

That "and if the persons voting shall comprise a majority of all the members," in Article X of the present Constitution, be changed to read as follows: "And if the persons voting shall comprise a majority of all the members registered."

Secretary: I move that that be referred to the Committee appointed by the President to revise the Constitution, which is to report tomorrow.

Seconded. Carried.

Dr. J. P. Sheppard, Chairman of the Board of the Visitors to the Arkansas University, made the following report:

"Mr. President:

As chairman of the Board of Visitors to the Arkansas University I beg to report as follows:

Your Committee did not visit the University in a body; but from what has been ascertained from personal knowledge of the school, we desire to report to you that everything is in first class condition, the curriculum is as thorough as could be desired, and the faculty conscientious, industrious and painstaking in every detail. We cheerfully recommend this school to our Society as being entirely worthy of its support."

Respectfully submitted
J. P. SHEPPARD, Chairman.
J. M. DALY,
W. W. YORK,
C. M. LUTTERLOH,
C. H. CARGILE,
G. W. HUDSON,
J. O. RUSH,
T. F. KITTRELL.

Dr. McCammon: I move that the report be received.

Seconded. Carried.

Secretary: The Committee appointed to pass on the several suggestions of the Secretary reported as follows:

"We unanimously report in favor of merging the Bulletin into a journal."

Dr. Trotter: I move that the report be adopted.

Secretary: So that you may all understand it, the idea is to save from \$800 to \$1,000 to your Society every year. You will receive your Journal every month just the same as you do now, but instead of paying \$800 to \$1,000 a year for your annual Transactions and having that printed separate and distinct from the Journal, the proceedings of this Society will be divided into twelve parts and one-twelfth run in every month, and enough extra copies run off to supply all orders for those who wish bound volumes. Those who do not wish them have the monthly issues which they can file. It will cost from 60 to 75 cents to have them bound. Nearly all of the States are doing this. We haven't got money enough on hand to publish your monthly Bulletin and your Transactions. If we don't do something we have to get the money from some other sources to

carry out the publications. We cannot get printing done as cheaply now as we have been.

Dr. Thibault: I wish to state that a few modifications in the mode of bringing out this Bulletin will cheapen it a great deal. For instance, on page 14 Dr. Bolton made a motion and on page 22 that motion was put and carried. Think of the amount of useless stuff between the time that motion was made and the time the motion was carried! What is the use of putting in all the debate on a question. That is all irrelevant. If a motion is put and carried, that is all that is necessary. That will cut out one-third of the pages of these Transactions. Another thing, we print the pictures of all the officers of the Society, which is a useless expense.

Dr. Kirby: When I got my picture in there, I paid for it myself. (Loud applause.)

Dr. Thibault: You can have a journal, but it ought to have something put in it. One-half of the papers read before this Society are of the text-book variety. Why print them?

Secretary: The reason everything is published is from the fact that we have a stenographer who takes down everything, and if we were to cut out anything, Dr. Thibault might be like somebody else; he might get mad because something that he said was not put in. (Applause.)

Dr. Guthrie: Ten years ago this spring, this question was under discussion when Dr. Gibson, who was then editor of a journal of the Arkansas Medical Society, threw up the sponge under the recommendation of those who were in close touch in their efforts to edit and maintain and sustain a journal which would be the official organ of the State Society. At that time, I opposed the change. It was done for economical reasons, because the journal could not be sustained. I don't see where we are going to save money by going back to a proposition that went to the ground. The editing of the Journal was a failure, and it had the best men in the State Society at its head. There were several members who contributed as much as \$10.00 a year because they felt like the Society ought to sustain a journal. That was ten years ago; it was in the spring of 1896. Now, then, we have gone along with the Bulletin, and I want to compliment Dr. Stephenson on what he has done in his work and in his efforts to make the Bulletin read-

able and what it ought to be, and individually I am opposed to any changes. Let's don't go back to where we started. We tried the Journal and it failed after honest efforts. It was the sense of the Society that it be abandoned, and was carried by a vote. I remember I got up and offered to give \$100 to go along and carry the Journal, but those who had been carrying the burden and those who were doing their very best to sustain it and make a success of it, said it could not be done, even with the assistance of others, and by a pretty good, wholesome majority the report of the Committee was adopted, although I voted against it. I am here to vote against any change now. I don't think we can promise ourselves anything better. It is like jumping out of the frying-pan into the fire. I think our Bulletin serves a good purpose, and I don't know of any better way of preserving our minutes than getting out the Transactions in a very nice form, as we have been doing. It makes a good volume and looks well in our library. It represents from year to year everybody's speeches, no matter how long they talk or how tiresome they get; and people who talk as much as Dr. Thibault and myself, we get it all preserved. I feel that the Journals are liable to be thrown around; when you get in a hurry or have a fire, they are thrown behind; they are stuck back and covered with dust, and put in drawers that otherwise would be empty. I think whenever we adopt any resolution or any means of *modus operandi* in which we discontinue issuing to each member the Transactions in book form, I think we lose a valuable addition to our library, and one, since I have had it, that I would be very loath to lose. If the recommendation from the Committee to abolish that and undertake the publication of a journal again, I hope the recommendation will not prevail until we are ready for it. Whenever we feel like we are ready for it, I will subscribe as liberally as I am able to. I will be one man to help raise \$1,000.00. I don't think we are ready for it. I will join with any number of men any time to get a journal that shall be the official organ of this State Society to be published monthly. I will be glad to help incorporate it and help it in a financial way.

Dr. Thibault: At last year's meeting, the Secretary promised this Society that if we received advertisements, the Bulletin would

pay for itself. He now promises to save \$800.00 upon the Transactions. Did you keep your promise made last year, and can you keep this one any better?

Dr. Warren: I move this matter be laid over until tomorrow to give time to think it over.

Seconded.

Dr. Hipolite: I believe with Dr. Thibault that we could cut out a great deal of these Transactions, but there are a great many here who want to have the Journal, and some who are willing to pay 60 or 70 cents extra for a bound volume. That's the reason why we recommended this thing. If we want to pay that much extra, that's all there is in it. If some one wants to edit that Journal and take it upon himself, it is all right with me. But, I don't think you will have any better man than Dr. Stephenson to do it. As one of the older members who was in at the time Dr. Guthrie speaks, we had but few members of the Society. We had reduced the annual dues from \$5.00 to \$3.00. We tried to publish a journal giving the proceedings of our Society. Some one in St. Louis printed it one or two years without charge, but the members wanted the transactions. The Transactions grew gradually to a considerable volume. The reason we discontinued the Journal, we had not enough members and the finances were very low. Now, it takes a few more pages to make our Journal in place of the Bulletin. We want our Transactions preserved. At least I do. By paying that amount, we will have our transactions. Dr. Guthrie himself would not be without his transactions. He wants them where he can refer to them. The increased cost of the Journal over the Bulletin should be very slight, and the chances are that we would get enough money from the ads. to make up the difference between the Bulletin and the other. But, aside from that, we haven't money enough unless we increase our dues or do something of that kind.

Dr. Corn: This morning we came in and reported against merging the Bulletin into a journal. Now, we have come in and recommended it. I want to state to the House of Delegates why. It was represented to us that in doing this it saves the Society annually between \$800.00 and \$1,000.00. Of course, we haven't had time nor have we had any opportunity to investigate this. We only

took the Secretary's word, and that is the reason for the change of front this evening. I want the House of Delegates to know why.

Dr. Fink: Dr. Guthrie in his talk spoke of the days of old. The Society has gone through many changes. The membership has increased possibly ten-fold since the days he mentions. What was applicable then is not applicable now. This increased membership has gone on until now we have a Society which is able to maintain, not only the current transactions, but also the Bulletin. These Transactions as we have them in book form and the monthly Bulletin have really filled a long-felt want, and have served very materially to popularize the State Medical Society with the members and those who may and those who are able to come. In fact, I believe now to dispense with either one would be really to make a very serious mistake. I do not believe, with all due deference to these gentlemen, that either could be dispensed with. I also wish to say in connection with the editors and compilers that there is nothing left to be changed; that both are as nearly perfect as they could possibly be. As far as the Transactions are concerned, of course there is more or less chaff with the wheat, and we must consider that in with the other, whether it is good, bad or indifferent. It is a part of the Transactions and has to be put in. These Transactions are sent to the individual members and become a part of the library of every member of this Society. Most of the physicians, those who do not attend these meetings are entitled to the same rights and privileges as those who do attend. They are entitled to the transactions, and the only way to have them is for the Society to compile them and send them to each individual member. It is the only way by which these transactions can be preserved for future use. As far as the individual members are concerned, there are possibly a few who will send to the Secretary of the Society to get that compiled or book form, but they will be unfortunately few. The members of the Society expect the Society to do that much. I can see no reason for any change whatever either in the Bulletin or in the Transactions. I don't believe in making changes where they meet with every emergency, meet everything that was contemplated. I think we should stand pat; do what we have done; even though it may cost us a little more, there is general satis-

faction, with few exceptions, and there will be no mistakes made.

Dr. Trotter: What Dr. Fink has said is well and good, but he does not seem to grasp the peculiar situation that confronts us. The Secretary stated that we did not have the money to continue publishing this Journal and the Transactions also. So, what are we going to do. We have to dig into our pockets anyway. And, if we go to work and get up this journal according to recommendations of this Committee, then we get the whole Transactions, and those who do not wish to have the bound volume can save them anyway. There is no reason why every man in the Society should not have the bound volume if he wishes to. The only thing, he has to dig up about 65 cents more, and he will get it. If we don't do that, we have to go to work and get the money anyway. We haven't got enough money to publish both the Transactions and the Journal. It is only a question of digging one way or the other. It seems to me this resolution is a good one, and I hope to see it passed.

Dr. Breathwit: There are a great many ways to arrive at conclusions, and a great many methods of applying economy. It seems to me that the best way out of this dilemma is for every member of the Association to dig into his pocket and pay \$1.00 for the Transactions. That is all there is to it.

Dr. McCammon: Dr. Stephenson is modest and it prompts me to say a few words. I helped with this Bulletin to a limited extent; that is, on the business side. When we published this Bulletin, we thought that we would have more ads. than we did. All advertising appearing in these days is done through different advertising agencies, and they classify the publications. They do not look on the Bulletin as a subscription journal. They look upon it as going only to the members of this Society. I happen to know last year, when the Texas State Society resolved to publish a journal, that their advertising contracted for that was \$600.00. People will go into a journal that is a subscription journal. Dr. Stephenson does not speak of the time that he has occupied in trying to edit this. I think he has looked at the subject from more standpoints than any of us ever dreamed of. So that I think we ought to pay heed to his recommendations. We must have a publication. We have a majority of our members who never

attended the State Society, and it is absolutely necessary that we have something that will keep up the interest of these men in this State Society if we want to retain them. I know as a Councilor that it is a hard proposition to get men to affiliate with their County Society if they happen to be off in a remote part of the county. They say they will never attend and can derive no benefits. This journal or bulletin will influence them to be affiliated. The Journal will pay much better than the Bulletin, so far as the advertising is concerned. So far as the Transactions are concerned, I am perfectly willing, I dare say every member of this Society is perfectly willing, to pay something like \$1.00 for a bound copy of it. But the Society has not the funds to continue publishing the present Bulletin and the present Transactions. I think that we ought to hear from Dr. Stephenson on this subject.

Dr. Snodgrass: I would like to ask whether a subscription is charged to physicians living out of the State who are not in affiliation with our Society, and what amount of revenue we could derive from that source?

Secretary: I would like to say to the House of Delegates that it is really immaterial to me whether you discontinue the Transactions and merge your Bulletin into a journal or not. As you all are well aware, that work will not be on me anyhow probably, and it just simply means an additional amount of work if I was to be in any way connected with it again. But, for your information I wish to state this: It has been said on this floor that there is a great deal of stuff in the Transactions that could be left out; in other words, that it is chaff. Don't charge your Publication Committee with this chaff. If it is chaff, the members of the House of Delegates ought not to give utterance to chaff. In other words, they ought not to say anything that ought not to go into the Transactions. The Transactions of this body is everything that transpires here; chaff and all put together. While it is true your Publication Committee has the right to run in pictures of the officers or leave them out, yet, at the same time, it is done by other States. and is merely following a precedent. If you turn to the sixth recommendation in the Secretary's report of last year on page 8 of the Transactions, you will find this in

answer to what Dr. Thibault said:

"Accept ethical advertisements, same to be passed upon by a committee composed of the Editor, Councilor and one member of the Pulaski County Medical Society, Councilor to reside in Little Rock. In the event no Councilor resides in Little Rock, then two members of the Pulaski County Medical Society shall, with the Secretary, compose the Committee."

It may be possible that I might have said what Dr. Thibault attributed to me, that the advertisements will pay for the publication of your Bulletin. It may be in the Transactions.

It is harder to get ads. for a small unpretentious publication like this than it is to get ads. for a journal that will put on the dignity of a State journal. The Hollenberg Music Co., of Little Rock, refused absolutely to put in an ad. in that because there was no subscription price to it. We lost an ad. right there because there was no subscription price. When I write to Park, Davis & Co., Sharp & Dohme, and E. R. Squibb for ads. they will write back, "Submit us your quotations, what is your membership, what is your subscription price, how many people get your Bulletin?" I say that nobody but the members of the Society get it. We have no subscription price to members. Nobody is going to pay a dollar for that; they don't want it. It is not a medical journal at all. That alone kills my argument in securing ads. Suppose you have a medical journal; you have an article by a good writer from outside the State every month, then you are on a plane with other journals. You have something to sell to a man, then. In other words, you have a proposition worthy of consideration. But it was very hard to get the ads. I have in here; very hard.

Another thing about it is this: Your publication costs more than the 8-page Bulletin just simply from the fact that you have got 32 pages in stead of 8, and it costs you about \$1.25 a page to get this stuff set up. In the publication of your annual volume, you have 482 pages there that you pay at the rate of \$1.60 a page for, running it up to about \$1,032.00. In your Bulletin, you have to add on to that 384 pages which cost you at the rate of about \$700.00. You see what those two publications are costing you. Suppose you set up your Transactions and make that part of this publication; in other words,

instead of having two you have one. You only pay for the one. As Dr. Trotter well said, if a man wants to keep his file of journals he can do so. If he wishes a bound volume, all in the world he has got to do is to pay for the binding, and that is all. There is nothing more or less to it. It is a saving of about \$800.00 to \$900.00 a year. It is not an experiment, because nearly all the States are doing this, and you will see a letter in the Journal of the American Medical Association bearing on this very subject. Nearly everywhere the annual transactions are being dropped. California, Texas, and Tennessee have done so, and it is no experiment; also Missouri. They all have dropped the annual transactions and are publishing the Journal. If it is the sense of the Society to go ahead with the publication of the Bulletin and the Transactions, as it is, I am perfectly willing to do whatever the House says. These are just recommendations of mine from the information of parties who are in a position to know. The bills come in and I have had something to do with the printer, and know what the charges for these things are. We are paying for the Transactions twice, you might say. We are not entering into a new field whatever; it is no experiment. New Jersey, the oldest medical society in the Union, did away with her transactions year before last and they had been publishing them all the time. All the Northern and Eastern and quite a number of the Western and Southern States are doing the same, and it is only a question of time when the annual volume will be a question of the past and will be a useless thing.

Chairman: We will pass on this motion by a rising vote.

Dr. Thibault: Have you the right to ignore Dr. Warren's motion to table?

Chairman: I think I have.

Dr. Warren: I made a motion and it was duly seconded to lay this motion over until tomorrow, and I have a right to have it put before this House.

Dr. Thibault: I move the previous question.

Dr. Luck: A motion to table until tomorrow is out of order.

Dr. Norwood: Dr. Warren's motion takes precedence over any other motion before the House.

Dr. Thibault: I move the previous question.

Chairman: You may appeal to the House on this question if you wish.

Dr. Warren: I insist upon my motion. It was duly seconded. It should have precedence. There is no question at all but what you should give that motion a hearing.

Chairman: I have a right to rule it out of order if I wish. You can appeal to the House.

Dr. Warren: I certainly will do it.

Dr. Butler: Dr. Warren's first motion was to lay over until tomorrow.

Dr. Warren: My motion was to lay it over until tomorrow and Dr. Thibault suggested that I move to table it until tomorrow. I did not make a motion to table.

Dr. Warren's motion to lay over until tomorrow was lost.

The motion to adopt the report of the Committee was carried by a rising vote.

Dr. Cooper: We have among us this afternoon Dr. John Punton, of Kansas City, Mo., who has a proposition to submit to the Society, and I move that he be granted the privileges of the floor to make it.

Chairman: The privilege is granted.

Dr. Punton: I want to beg your pardon for this interruption upon my part, but I have a matter that I would like to present to you in about two minutes. We have in Kansas City two medical organizations, one known as the Jackson County Medical Society and the other known as the Academy of Medicine. The Academy of Medicine represents a scientific body of men that is in affiliation with the Jackson County Medical Society. It is customary every year to have an annual banquet, and it is also customary at that banquet to invite eminent men of our profession to come and give us an address. This year we were fortunate enough in securing the presence of the present President of the American Medical Association. We invited the Presidents of the States contiguous to us, comprising the States of the Southwest, such as Texas, Arkansas, Kansas, Oklahoma and Indian Territories, and Missouri. We were favored with all the Presidents of those contiguous States with the exception of your State. But the President sent us a representative in his place. In the course of the conversation that followed the banquet, it was suggested by the guests there that it would be a very good thing for those States that were represented there to organize themselves into a Southwest Medical As-

sociation to comprise the States constituting the Southwest, inasmuch as the National Society is now about to organize three or four auxiliary associations to affiliate with them, to carry out the scheme that is now in force. You all know it is a great burden to you, as well as to us, to go to the extreme North or the extreme East or the extreme West or the extreme South whenever they have their annual meetings, and I can fully appreciate the difficulty to you to go to Boston this year in spite of the fact that the rates are very low. It is contemplated by the American Medical Association that there will be at least three or four, probably six, but certainly four auxiliary organizations to be a part of it, and while they have not been made up yet, they are being made up. One of these auxiliaries will be the Mississippi Valley Medical Association. We think our interests are one here in the Southwest. We love the people of Arkansas and we want them to love us. We think the State of Arkansas is a first-class State and would like to have it a part of this organization. Some of you may say, as has already been said, that we have altogether too many medical associations. I wish to agree with you on that. There is no doubt that there are too many medical organizations. There are a number of them, however, that will eventually go out of existence just like your Transactions. We cannot govern the future and the present by the past. We have to take things as we find them. This is an age of organization. As a matter of fact, those who have kept up with the American Medical Association know that the President of that Association has been named from time immemorial by the Mississippi Valley Medical Association; if not the President, certainly the Vice-President, and certainly some of the other officers. We feel that the Southwest ought to be heard on that subject, and unless we organize we will have no voice. We do not wish to be in the Mississippi Valley Medical Association for the reason that we think our interests are in the Southwest just as your are, and we think we would prefer to join our forces. With that in view, Dr. Jackson and myself went to Texas the other day and presented the matter to the State Medical organization, and with one accord the men agreed to it. They unanimously gave their support. What I wish to ask of you today is that I would like to have your President appoint a committee

of five from your membership to meet with a like committee which will be appointed from these various States to consider whether this matter will be a feasible one or not. If it is not considered a feasible matter, we need not go into it, but we want your endorsement of such an organization if you think best. I have in my hands a telegram which I just received since I have been here from Dr. Jackson, who is now in Oklahoma City today for this same purpose, and he tells me in this telegram, "The Southwest idea unanimously endorsed by Oklahoma and Indian Territory Societies today." I would like very much if I could go back home and tell our medical friends that Arkansas will be with us in this organization. What I would like you to do is to have your President appoint five members of your State Society to meet with five members of those other State Societies to consider whether we cannot organize a Southwest Medical Association which will be the equivalent of what is now known as the Mississippi Valley Medical Association, which will eventually become of the American Medical Association.

Dr. Fink: As the doctor said in his remarks, we cannot have too much of organization among medical men, but that organization has to be of the right caliber. We have too many indifferent kinds of organizations of medical men. Some of them do more harm than good, because they have been rather loose in the manner in which they accepted members within these Societies. I would heartily agree with, and I think the members of the Arkansas Medical Society will bear me out and agree with me, that if this Southwestern organization means that the members of these different organizations within the Southwest, they and they alone should be members of the Southwestern organization, (the men who have the right to membership within these State organizations to be a part and parcel of the Southwestern Medical Association), I say that is in line with proper organization, and we can heartily commend it. It may be, perhaps, that too many organizations are more or less bewildering to the members and possibly they feel that they cannot attend and give due attention to the different organizations which each one deserves. But, after all, as was said, we were working for organization in every line of endeavor, and just to the extent that we organize so will our strength increase in reference to all

those matters for which medical associations are banded together. If it is the idea that only those who are members in good standing of the different State organizations shall constitute the membership of the Southwestern organization, then I say we can heartily endorse the idea and should do it unanimously. There is nothing against it; there is everything in favor of it. I move, in accordance with the request of Dr. Punton, that that a Committee of five members be appointed by the President to take up the matter.

Seconded.

Dr. Kirby: The motion is that we endorse the proposed action and request our President to appoint that Committee.

Chairman: Yes.

The motion carried.

Dr. Thibault: I would like to introduce a resolution, a matter that I believe every member of the Society wishes introduced, inasmuch as the State Board of Medical Examiners is a creature of the Arkansas Medical Society:

Inasmuch as the State Board of Medical Examiners of the Arkansas Medical Society is a creature of this Society;

"BE IT RESOLVED, That this board be required to make an annual detailed report of its proceedings to this Society, stating among other things, the mode of conducting examinations, questions asked, and who are admitted without examinations."

Dr. Young: I move the adoption of the resolution.

Seconded.

Dr. Thibault: We are merely responsible for this Board. We have no way of knowing what they do or how, only through reports in the newspapers.

Dr. Fink: I heartily agree with it.

Dr. Guthrie: I am not a member of the State Board of Medical Examiners now, but I have been. The State Board of Medical Examiners is not a creature of this Society, but of the law. It is a creature of an act of the Legislature. This Society makes recommendations, but those recommendations have to be confirmed by appointment by the Governor, as the law prescribes. The law also prescribes how the report shall be made and to whom it shall be made. I suppose the Secretary of that Board has stayed within the pale of the law. If you want to get up a legislative inquiry into it, you have a right to do so. The report has been made, as prescribed by the statute, in accordance

with law. They are matters of record. Dr. Thibault or any other member of the Society has access to those reports. I think this resolution is not quite the thing. I don't mean to say that the Board, as it stands, would object to any investigation or to making any report as required by the resolution. The reports have been made clearly within the pale of the law. A reading of the act as to how the report is to be made and to whom will put the gentlemen who offers the resolution right, or anybody else who is still in the dark.

Dr. Thibault: This resolution was not introduced in any spirit of criticism of the Board or for the purpose of requiring any investigation, but that this Society may take more interest in the proceedings of the Board, having the report before the Society.

Dr. Beck: I don't think we have any legal right to require the Board to make these reports, and would, therefore, suggest that Dr. Thibault change the the word "require" to "request."

Dr. Thibault: I accept the gentleman's suggestion.

Dr. Trotter: I think this is out of order. As Dr. Guthrie said, this Board is not a creature of the Arkansas Medical Society, and the mere fact that the personnel of the Board is named from selections made by this Society is only a courtesy extended to the Society. It is governed by a statute of the State of Arkansas. We are not at all responsible for the State Board. I move that the resolution be tabled.

Seconded.

Dr. Guthrie: I do not mean to be discourteous. I do not care to help vote down this resolution. The Secretary of the Board files his report with the Governor, according to the law, and it is there, and is a matter of public record that belongs to every man. It is open to the members of this Society. It is just a question of looking into it, so far as the report is concerned. I believe he will withdraw that resolution. He can get any information he desires from the report. They have been filed, and the law has been conformed with. We need a little more peace and harmony.

The motion to table was carried.

Dr. Holmes: After listening to Bro. Punton's talk about the Committee, I make this suggestion or resolution that the President appoint Dr. Norwood, of Sevier County,

Dr. Fink or Dr. Trotter, and three other physicians.

Dr. Luck: The motion is out of order, because Dr. Punton's request was that the President was to name the Committee.

Chairman: The point of order is well taken.

Dr. Fink: I have a resolution that I would like to read. I heard of the action taken this morning, but after hearing that, I think this resolution was due. It is more effective, because the State Society put itself on record.

Whereas, Several of the old line Life Insurance companies, giving as an excuse economy, have seen fit to notify their medical examiners of a reduction of the examiner's fee from \$5 to \$3, and

Whereas, We, as physicians, realizing the responsibility incident to skilled work and professional reputation a proper examination, believe said action to be unjust and unfair; therefore, be it

"Resolved, That the House of Delegates of the Arkansas Medical Society, in session assembled does hereby declare said reduction unreasonable for the exacting service rendered, and respectfully request that no physician legally authorized to practice medicine in Arkansas accept such reduction of fee that those who have formerly accepted the same, write at once recalling the same, and further, that any physician accepting such reduction shall be guilty of a breach of professional courtesy"

"Resolved further, That it is the sense of the House of Delegates that hereafter, for each examination for Life Insurance in which a urinalysis is required, the minimum fee shall be \$5; without said analysis, \$3."

Resolved, Further, and for the same reason, that fraternal and industrial companies be charged a minimum fee of \$2."

Resolved, That the County Medical Societies, composing this Society be requested to adopt these resolutions."

Dr. Trotter: Having voted in the affirmative on the matter this morning, I move to reconsider the vote by which the motion passed.

Seconded.

Dr. Warren: This is to me rather a delicate matter. I hope that the members of this Society will see it as I do. I would deplore any action of this Society upon any question that regulates my fee or any member's fee. A concert of action as to fees would be regarded as a medical trust, and I do think it is altogether out of order to take this thing up in the State Medical Society, that we agree to so and so. I don't think the doctors are going to cut prices. I do hope this thing will be left as it is, to refer it to the County Societies, and I further hope that they will

not make any schedule of prices. They can agree on a minimum fee, but it has always been disastrous whenever we went into a combine. It won't work, and I hope we won't do it. I would hate for this Society to tell me that I should not do so and so in reference to fees, and would hate for it to say that I must or I ought to do so and so. I think it ought to be left to the County Societies.

Dr. Fink: The great trouble with medical organizations heretofore is that they have been organizations merely in name. If organization means anything, it means the very idea that I have conveyed here. Organization means to show the power and the strength we have along reasonable lines. This matter which I have brought up today is a matter that has passed, possibly, a dozen State Medical Societies along the same lines, since this reduction has taken place. You speak about a medical trust; this is no medical trust. It is nothing more than asking our just rights. The physician's fees have been the same for years. Everything that the average man uses in every-day life has gone on the price list. The physician is asked to pay more for his livery bill than before. Every thing that comes upon his table has been increased in price. The fee, however, remains the same. When organizations like the big life insurance companies, which exact our talent, our reputation and our skill in making medical examinations, combine for the purpose of reducing that small fee while increasing the salaries of their officers, I say the idea of economy is a delusion and a snare. Economy in these organizations should be at the top, and not at the expense of the physicians through whose hands and talent these organizations profit. I say if there is economy, that reduction should be at the top among the officers and not among the physicians. We have just as much right to exact for our services that for which they are worth, because of our skill, and because they recognize the fact that these companies only appoint physicians from our ranks. As I said before, everything else has gone up and the physician's fees remains the same. I say that we are not exacting or expecting any more than is our just deserts when we ask for the same fees we have received before; and to the extent that we stand shoulder to shoulder on all these matters that come before us and not leave it to them and to the

County Societies throughout the State, each one to do as it pleases, just so long will our strength be shown and our efforts be successful. This matter is only one of several that we have to contend with. And if every State organization, as many have already done, will put themselves on record in this matter, it will not only be beneficial to the public at large, but to the profession as a whole. My idea is to have uniformity, and not to leave it to the County Societies to do just as they please, because if you do you will practically nullify the whole situation. That is my object in asking for the resolution to be passed.

Dr. Hipolite: I would like to ask Dr. Fink whether he is a member of the United States Pension Examining Board, and whether he means to include the pension examining board in that resolution as to fees. We are getting \$2.00 from the pension board. The insurance companies are paying from \$3.00 to \$5.00. There are members who are in good standing now who would drop out of the Society for the sake of doing those examinations for \$3.00 when we would be charging \$5.00. I know whereof I speak.

The motion to reconsider the vote by which the motion as passed this morning was lost.

On motion, the House of Delegates adjourned until 9:00 o'clock Thursday morning.

FOURTH DAY.

MORNING SESSION.

The House of Delegates met at 9:00 o'clock, Thursday morning, pursuant to adjournment, with First Vice-President in the chair.

Dr. Young: Your Committee on the Revised Constitution has gone over the proposed Constitution and compared it with the old Constitution and revised it according to its idea of what is deemed the proper thing for the Society, but we were unable to get a stenographer and typewriter. We will have our revision incorporated in the minutes by the stenographer at the dictation of the Committee. If it is the will of the House I will read the entire Constitution, or, if not, will meet with the stenographer and dictate it to him. It has to be presented today sometime, to lay over until the next meeting, and to be sent to each County Society two months before the next regular meeting.

Dr. Thibault: I move that the report of

the Committee be received, and that their revision be incorporated in the minutes. The discussion on the question, of course, will come up next year.

Seconded. Carried.

Secretary: What is to be the official notice to be sent out to each County Society? Does that mean one to be published in the regular monthly Journal, or shall circular letters be sent? If you require circular letters sent, it will require \$30.00 or \$35.00 for printing and postage. If the House of Delegates will rule that anything published in the Journal is official, it will save that much expense.

Dr. Thibault: If in sending out the Bulletin as Dr. Stephenson did last year the entire Constitution that was meant to be adopted had been printed in there, that would be official. It does not state whether we should send it with a two-cent stamp or a one-cent stamp. But it is necessary for the whole text to be adopted to be sent out, and it must come out more than two months before hand. The time was all right, but he did not send out the whole text of the amendment. This is an amendment to the old Constitution and the whole text should reach each County Society two months before hand. A motion is not necessary to that effect, but it is provided by the Constitution.

Dr. Mann: I would like to bring a matter before the House. I have been thinking for a long time about some way to increase the interest in the meetings of our Society. The idea seems to prevail in most of the State Societies; they have more sections than we have in this Society. The American Medical Association has twelve sections. The Texas State Association has ten sections, and we have three sections. There are new fields of medical thought which we do not touch in our meetings here, very many. I am favor of this society getting to the point of clearing up new ground occasionally. I believe it would be a good idea. I think the first section that might be added to our Society is a section on Dermatology and Syphilology. I believe in adding this section. We have men here in Hot Springs who are as competent as any one in the world to treat syphilis. I believe those men could give us a paper or a few papers every year that would be very instructive. I believe a section on Pathology should be added; another section on Diseases of Children, and possibly one on Diseases of the Eye, Ear, Nose and Throat.

We would then get a secretary and chairman of these sections from various parts of the State, and they would solicit papers from their friends, and greatly increase the interest in our Society. The argument has been made that while we had two sections going on, we hardly had enough members for one, or possibly one-third or one-half of the members in attendance on that one section. I believe the Society would be doubled in attendance in a few years by these added sections. I have talked to a number of men about it, and with the Secretary, who is possibly better acquainted with the workings of this Society than any other man in it, and he heartily favors what I have said along this line. I move, therefore, that the Scientific Committee be instructed to add at least four sections to the sections we already have. I would be glad to hear from the members on that.

Seconded. Carried.

Dr. Kirby: I wish to call the attention of the delegates to the By-Laws which says papers to be read before the Sections at the next meeting shall be first read before the County Societies, and I would suggest that all papers read before the County Society, they, the County Society, pass judgment upon whether they are worthy to be read before the State Society. Chapter IV, Section 7, reads as follows:

Five years after the adoption of these By-Laws, no voluntary paper shall be placed upon the annual program or be heard in the Society, which has not first been read in the County Society of which the author is a member.

Chairman: It becomes necessary for the chairman and secretary of these new sections to be elected at this meeting. I would suggest that the Nominating Committee retire and select a chairman and secretary for each section added.

Dr. Brooksher: These sections have not been determined, as I understand.

Dr. Trotter: Wouldn't that come in as an amendment of the Constitution? Have we anything in the Constitution providing for the number of sections we should have?

Chairman: We have nothing.

Dr. Trotter: It takes effect immediately, then.

Dr. Warren: The House of Delegates is really the proper ones to determine that. The Constitution says that the House of Delegates

shall arrange for section work as requirements may arise. Dr. Mann, in presenting these additional sections, presented four. I voted against it because I think three is enough. I don't think we ought to more than double it, because I don't think we ought to have more than two running at once. I don't believe we are just ready yet for the Section on Pathology. The motion was not to adopt that, but to add the sections necessary.

Dr. Hipolite: I move that we reconsider this motion.

Seconded. Lost.

Dr. Kirby: I move that the Secretary be empowered to draw up a resolution of thanks to the physicians of the Hot Springs-Garland County Medical Society, to the railroads, hotels and the ladies for the courtesies extended us.

Seconded. Carried.

Dr. Snodgrass: Dr. Stephenson wants to know whether he should publish Dr. Mathews' lecture in the Journal. I move that he be requested to publish in the first issue of the Journal the entire lecture delivered by Dr. Mathews last night.

Seconded. Carried.

Chairman: The report of the Nominating Committee is now in order.

REPORT OF NOMINATION COMMITTEE.

President: Dr. C. T. Drennen, Hot Springs;
First Vice President: Dr. St. Cloud Cooper, Fort Smith.

Second Vice President: Dr. J. J. Morrow, Cotter, Ark.

Third Vice President: Dr. L. J. Gillespie, Hope, Ark.

Secretary: Dr. C. C. Stephenson, with the recommendation that he be paid a salary of \$600 per annum.

Treasurer: Dr. J. W. Scales, Pine Bluff, Ark.

Councillors: Second District, Dr. J. M. Jelks, Searcy, Ark.; Fourth District, Dr. B. D. Luck, Pine Bluff, Ark.; Sixth District, Dr. R. H. T. Mann, Texarkana, Ark.; Eighth District, Dr. J. S. Westerfield, Conway, Ark.; Tenth District, Dr. C. E. Hurley, Bentonville, Ark.

Delegate American Medical Association: Dr. E. K. Williams, Arkadelphia; First Alternate, Dr. Wm. Crutcher, Pine Bluff, Ark.; Second Alternate, Dr. H. A. Longino, Magnolia, Ark.

Section on Practice of Medicine: Chairman, B. V. Powell, Lester, Ark.; Secretary, W. W. Rice, Prescott.

Section on Surgery: Chairman, W. A. Snodgrass, Little Rock; Secretary, Frank Young, Springdale.

Section on Obstetrics and Gynecology: Chairman, Dr. W. H. Deaderick, Marianna; Secretary, Dewell Gann, Benton.

Section on Dermatology and Syphilology: Chairman, Dr. Thomas E. Holland, Hot Springs; Secretary, Dr. L. H. Hall, Pochahontas.

Section on Pathology: Chairman, Dr. M. D. Ogden, Little Rock; Secretary, Dr. Wm. Breathwit, Draughon, Ark.

Section on State Medicine and Public Hygiene: Chairman, Dr. W. P. Illing, Little Rock; Secretary, Dr. J. L. Rushing, El Dorado.

Section on Diseases of Children: Chairman, Dr. Holmes, Mena; Secretary, Dr. C. H. Trotter, Helena.

Meeting Place: Little Rock, 6; Pine Bluff, 2; Eureka Springs, 1. Little Rock made unanimous.

Signed,

J. E. PRINGLE, Chairman.

B. D. LUCK, Secretary.

J. M. JELKS,

W. H. DEADERICK,

W. A. PURIFOY,

J. W. WEAVER,

J. L. BUTLER,

W. A. SNODGRASS,

J. T. TIPTON,

J. J. SMITH.

Dr. Wootten: I move that the report be received.

Seconded.

Dr. Shinault: It has been suggested by Dr. Orto, me being a delegate, to call attention to the fact that Dr. Klein is not a member of the Arkansas Medical Society, according to his opinion. She is a member of the Texas Society. If that is the case, she is ineligible to serve on the section.

Chairman: Your position is well taken. I would like to see her hold the position, but she belongs to the Texas Medical Society, and does not live in this state.

Dr. Warren: There was a name reported from Saline County. I think Saline County has just come into the society this year. According to our present Constitution, no member shall be an officer of this Society who has not been a member in good standing for two years.

Secretary: Saline County was organized with two members first. Dr. Gann elected the President himself, and elected himself Secretary. He has gotten eight members now. It was organized year before last.

Dr. Snodgrass: I move that it be referred back to the Nominating Committee.

Seconded.

Dr. Thibault: Let's proceed with the election, and when we come to those offices we can name some one from the floor. Otherwise, we will never get through.

The motion to re-refer was carried. The Committee returned with their amended report as follows:

We, your Committee, beg leave to substitute the name of Dr. M. D. Ogden of Little Rock,

as chairman of the Section on Pathology, in place of Dr. Klien, inasmuch as she is not a member of the Arkansas Medical Society.

Dr. Wootten: I move that the report received.

Seconded. Carried.

Dr. Shinault: Is it the understanding that in the election for President the weaker member shall drop out?

Chairman: That has been the understanding.

Dr. Thibault: I think that ought to be left with the candidate.

Dr. Breathwit: The Nominating Committee have placed me in nomination for secretary of the Section on Pathology. I am ineligible for the place inasmuch as I am a delegate from my county.

Dr. Thibault: Section officers are not officers of the Society.

Chairman: I will appoint Drs. Norwood and Thibault tellers.

Dr. Young: I move that on the first ballot we vote on all three nominees, and if on the second ballot there is no election we drop the last one.

Seconded. Carried.

On the first ballot Dr. C. T. Drennen, of Hot Springs, was elected President for the ensuing year.

Dr. Thibault: I move that the Secretary cast the ballot of this body for each of the gentlemen named for the various offices in the report of the Nominating Committee.

Seconded. Carried.

The Secretary, thereupon, cast the ballot as directed for the several gentlemen named for the various officers in the report of said committee.

Dr. Thibault: I move that the Secretary be instructed to cast the vote of this House to receive the Committee's report of the place of the next meeting as the place of the meeting.

Seconded.

Dr. Shinault: I believe in justice to the House of Delegates that they be allowed the privilege of voting upon the place of meeting.

Dr. Snodgrass: I move that the invitation of the Board of Trade, of Little Rock, to hold our next annual meeting there be accepted. Let me read it to you.

Hot Springs, Ark., May 8, 1906.

Dr. C. C. Stephenson, Sec'y.,
Arkansas Medical Society,
Hot Springs, Ark.

Dear Doctor:—

Will you kindly present the cordial invitation of the members of the profession, the business men, and the citizens generally, of Little Rock, the Capital and metropolis of the State, to the Arkansas Medical Society to hold their next annual convention in that city. We desire to assure the distinguished members of your honored profession of the great pleasure it will give us to be their hosts. We feel very proud of our beautiful city, and want your Society to know it better, and partake of its generous hospitality. On the occasion of your next convention, we would be especially gratified to have you as our guest at a banquet complimentary to the members, to provide you with a suitable hall in which to hold your meetings, and to furnish your Secretary with official badges for the delegates.

Respectfully,

CITY OF LITTLE ROCK,
W. E. LENON, Mayor.
LITTLE ROCK BOARD OF TRADE,
GEO. W. ROGERS, President.
GEO. R. BROWN, Secretary.

Seconded. Carried.

Dr. Trotter: Some disposition ought to be made of the recommendation of the Committee as to the Secretary's salary. I move that this House adopt the recommendation of the Nominating Committee in regard to the salary of the Secretary.

Seconded.

Dr. Thibault: Inasmuch as the Society is in financial embarrassment, I move that \$600, or whatever sum the Society is able to pay, be paid at the end of the year. You would not like to contract any financial obligations with the bank.

Dr. Holmes: I wish to say that I don't know of any one in the State of Arkansas more entitled to a good salary than Dr. Stephenson. Personally he has been of valuable assistance to me, and speaking for Polk County, I will personally see that the proper assessment is made upon our members. (Applause)

Carried.

Dr. Trotter: I move that an honorarium of \$25.00 be allowed each Councilor.

Seconded. Carried.

Dr. Snodgrass: We have not honored the Secretary for his services for the past year. I would like for the Society to give him what he thinks he is worth. I will not put an estimate upon his value.

Dr. Thibault: That would be impossible to give the Secretary what he thinks he is

worth. I don't think this Society can raise that much, to give what he is worth.

Dr. Guthrie: I move that we pay the Secretary \$200.00 for his services.

Seconded.

Dr. Shinault: Dr. Stephenson is a pretty generous kind of fellow. I don't believe in imposing on his good nature, but owing to the fact that our finances are very low, I rather oppose the motion. I am a good friend of the Secretary. I think he can survive what he has gone through in the past, and we can fix him for the future.

Dr. Snodgrass: I don't think this Society will take the bankrupt law. Dr. Stephenson is worth four times the amount suggested. If we haven't got the money, I for one will donate my share towards furnishing a fund for him.

Dr. Butler: I think we ought to go down in our pockets, if necessary, for the Secretary.

Carried.

President Carrigan in the chair.

Dr. Young: In regard to this committee of five, as I understood the motion yesterday,

it was stated that the incoming President should appoint this committee. As this committee is to work in harmony with the incoming President, I think it only a matter of courtesy that the incoming President appoint that committee asked by Dr. Punton.

Dr. Shinault: I rise to endorse what Dr. Young has said. I realize that the incoming President knows better than any one else whom he wants on that committee.

Dr. Trotter: While I have no objection to the incoming President appointing his committee, still at the same time the motion was passed yesterday for the President to appoint this committee, but Dr. Stewart suggested that he let the matter go over until to day in order that the President might make the appointment. It is with you whether you want to pass it to the incoming President.

On motion, the matter was left to the incoming President.

No further business appearing the House of Delegates on motion duly seconded adjourned *sine die*.



THE JOURNAL

OF THE
Arkansas Medical Society

Owned and Controlled by the Arkansas Medical Society with
no Other Proprietary or Business Interests Whatever.

PUBLISHED MONTHLY, Price, \$1.00 a Year in Advance.
Single Copies 10 Cents.

All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested.

Our readers are requested to send us marked copies of local newspapers containing matters of interest to members of the medical profession. We shall be glad to know the name of the sender in every instance.

Matter appearing in The Journal of the Arkansas Medical Society is the property of the Society, but as a general thing, no objection will be made to the reproduction in reputable medical journals of anything appearing in its columns if proper credit be given.

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EDITOR JOURNAL ARKANSAS MEDICAL SOCIETY,

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THE JOURNAL OF THE ARKANSAS MEDICAL SOCIETY.

The House of Delegates at the recent session of the Arkansas Medical Society, held in Hot Springs, May 8-10, 1906, decided after the most careful deliberation and in-

vestigation, to merge the Bulletin of the Arkansas Medical Society into the Journal of the Arkansas Medical Society. And to discontinue the publication of the annual volume of our proceedings separately.

Individually, your Secretary has never looked on giving our annual volume up for this plan with favor, but now it seems for the best. In fact the arguments are so convincing, that we have yielded. We have always favored a journal, but wanted the annual volume also. Well, the annual will be forthcoming as heretofore, only it will not be bound until the end of the year, and will be bound only for those who order it and are willing to pay for the binding only. Those who do not care to have the volume bound will have all of the papers and discussions and proceedings of the House of Delegates in the twelve issues of the Journal. The binding will only cost 60c and an order blank is given in the advertising section for the purpose of ascertaining the names of those who wish the volume bound. Fill this blank and send to the Secretary at once and your order will be filed and at the end of the year your bound volume will be sent you charges prepaid. In fact the carriage is added in with the cost of binding.

The plan will be as follows: The Papers, Discussions and Proceedings of the House of Delegates will be divided into twelve equal parts, and one-twelfth published in the Journal each month. A matrice will be made of each issue and preserved, and at the end of the year, enough will then be run off from this matrice to fill orders for the bound volume. The saving to the Society will be the cost of the annual volume. This is no experiment, as the States of California, Illinois, Kansas, Kentucky, Maryland, Michigan, Mississippi, Missouri, Nebraska, New Jersey, New Mexico, New York, Ohio, Pennsylvania, South Carolina, Texas, Vermont, Virginia and Wisconsin have journals and journalize their transactions. Those who wish reprints of their articles, will be furnished at the rate of \$1.00 per page, minimum \$5.00 for 100 copies.

With this little explanation, and introductory, we are pleased to hand you this, the first issue of the Journal of the Arkansas Medical Society. Long may it live and prosper. If you like it, write the Secretary and tell him so. If you do not like it write the Secretary and register your "kick," but don't "kick" because you imagine that your

kicker needs exercise. If you have a genuine complaint, or feel that improvements can be made, or if there are errors, we certainly will appreciate it to have our attention directed. This is your Journal, I am your Secretary. Now, help in every way possible to make both useful to our beloved Society.

With my kindest regards,

C. C. STEPHENSON,
Secretary.

—X—

TO OUR ADVERTISERS.

The Journal of the Arkansas Medical Society will carry out all the contracts entered into with the Bulletin of Arkansas Medical Society, giving page for page, although the Journal is larger and advertising rates higher, yet our advertisers will be given the advantage of this until the expiration of all contracts, when we hope to have renewals in every instance.

In merging the Bulletin into the Journal, a publication with a wider field of usefulness, and with that dignity in keeping with a State Society is intended, and advertisers will reach the cream of the profession of the State through this source.

We trust all will appreciate the change.

—X—

TO OUR EXCHANGES.

Kindly change address of the Bulletin of the Arkansas Medical Society on your mailing list to the Journal of the Arkansas Medical Society, Elks' Bldg., Little Rock.

—X—

TO THE COUNTY SECRETARIES.

The Secretary of the State Society wishes to help your County Society in getting in all of the eligible material into your County Society, as well as assist in getting your delinquents to re-instate. With this end in view, I appeal to each County Secretary to send me at once the names of every physician in your County who is eligible to membership in your Society, and whom you think would be elected to membership, also send the names of all your delinquents. Do not refer me to your last report for this information, as I want this separate and distinct from the reports, as the reports may be in the hands of the printers when I would want them. You need not give any data, only names and addresses, and say delinquent by those who are delinquents, and I will understand that all others have never been members. My intention is to make a personal

appeal to these good doctors who are yet outside of our great organization, in a way that I believe will be productive of results. Let's try and get every doctor into the Society this year who ought to be in. Will you do your part? If you will, your State Secretary will promise you to do his part, but if you do not furnish me with these names and addresses, I will be powerless to carry out my ideas. This is the first article that I have written for our new publication, The Journal of the Arkansas Medical Society, and it occurs to me that this initial article is a fitting one—in that it advocates building up. I want this information at once. Societies that already have every eligible physician in their county on their rolls will be so noted in the next issue of the Journal, but I want you to report that fact also. Now, for a good year's work. Let's all pull, pull hard and pull together.

—X—

PAPERS READ AT THE HOT SPRINGS MEETING.

The Secretary has received quite a number of inquiries from our members who read papers at the Hot Springs meeting, stating that they have been requested to furnish their papers for publication in other periodicals and wanting to know what they should do about it. Replying to all, I desire to call attention to Sec. 5, Chap. III which reads as follows:

SEC. 5. All papers read before the Society shall be its property. Each paper shall be deposited with the Secretary when read, and if this is not done it shall not be published, except by permission of the presiding officer.

Now, these papers being the property of the Society, essayists have no right to turn copies over to any publication for use in their columns. In fact I am glad to know that in no instance have those that have been written complied with these requests.

It is easy to understand that were papers published in advance by outside periodicals, that when published in your own Journal would be stale, and your state publication would then be robbed of that which properly belongs to it, and which it should handle direct and not be made a "second-hand" dealer.

Kindly consider our own interest first of all, as we all alike are vitally interested in the success of our Journal.

It is the intention to make it strictly first-class, and in keeping with the dignity becom-

ing a great State Society, and one that our members will not be ashamed of.

Will you help? You say yes. All right. Do all you can. This is sufficient.

Now another point. Let's all understand. Your paper will be published in the same order as read, so don't ask your Committee to show partiality by changing the programme. Now, let's all work for success.

—X—

STATE MEETING NOTES.

Wasn't it grand! That was said by so many of Dr. Mathews' address.

Did you attend the "Smoker?" Well, if you did not, you missed a rare social treat.

Several new faces at this meeting. Let's all get better acquainted at the next meeting in Little Rock.

The railroads, hotels and management of the Auditorium did their share in making our meeting a success. Thank you, gentlemen.

Dr. Hatchett, of Fort Smith, gave the ladies his excuse for being a bachelor. Some day he may say, "I pray thee excuse me, for I have married a wife."

Drs. Jno. Punton of Kansas City, J. M. Mathews, of Louisville, E. M. Holder and J. W. Price of Memphis were in attendance and contributed to the success of the meeting.

Dr. Sam Carrigan, our retiring President, was in evidence, as is characteristic of this genial whole-souled gentleman. Dr. Carrigan used his efforts to build up. "Long may he live."

Dr. McCammon told very interestingly the work of a Councilor, while Dr. Runyan gave some of the inside workings of the Board of Medical Examiners in the discharge of their duties.

Dr. Mathews, of Louisville: there is only one Dr. Mathews, the sweet spirited gentleman, whom to know is to love. His response was as full of beauty as Dr. Holland was of "apple sauce."

The Committee on Publication have awarded the contract for printing to the A. N. Kellogg Newspaper Co., of Little Rock. They promise to be strictly on time every time and all the time.

Wish we could mention every member.

All did their part nobly. These little jottings are not intended to convey the idea that those mentioned did all the work. Scores of the best workers we do not recall.

The response to the toast, "Our President," by Dr. C. Travis Drennen at the smoker, was a brilliant effort. Dr. Drennen is an actor by nature, and by the eternal fitness of things should be named Dr. C. Tragedian Drennen.

Dr. Bolton said he was glad Runyan could not give his response, and that Meriwether had forgotten his speech and he was sure the audience was glad that he (Bolton) had forgotten his. A little school girl sitting near said, "Ain't it the truth?"

The members of the Hot Springs-Garland County Medical Society did themselves proud in their efforts to entertain the State Society.

Dr. W. S. Stewart is a fine parliamentarian. Several nice compliments were paid the Doctor by members of the House of Delegates.

Who does not know Dr. Holland. As the late lamented and dearly beloved Dr. I. N. Love once introduced him: Dr. Thos. E. Holland, Dr. T. E. Holland, Dr. Holland, gentlemen, of Hot Springs, the Bull of the Ozarks. Well, the good doctor worked hard for the success of the meeting.

Let's all work for the Little Rock meeting. Make it the best ever held. No time will be given to "Knockers." If things don't go to suit you, abide by the decision of the majority, and roll up your sleeves and work for the success of our great Society. Don't "sulk in your tent," but work and see how much you can accomplish. You will be happier.

The ladies of our Hot Springs members, and of the city did their part fully in making our visiting ladies have a pleasant outing. The State Society will never cease to thank those noble women for the painstaking care in their efforts to entertain. The Journal wishes it could give the names of all who worked so hard. But unfortunately we know only a few of them.

Those of our members who did not get round trip tickets to Hot Springs, should send in both of their cash fare receipts from starting point and return from Hot Springs,

to their respective General Passenger Agents and the excess paid above the authorized rate will be refunded. The Secretary took this matter up with Mr. Geo. H. Lee, General Passenger Agent for the Rock Island, and he gives us this information.

Doctor, don't forget to send us items of medical news for the Journal from your county. Do not depend on anyone to report something that you know. The Journal is your Journal, help make it newswy.

Dr. Jno. Punton, of Kansas City, made a talk before the House of Delegates setting forth a scheme to organize the Southwestern Medical Association, to be composed of the States of Missouri, Kansas, Oklahoma, Indian Territory, Arkansas and Texas. This is in keeping with the plan of the American Medical Association to district the United States forming as it were District Societies. In this case we are going ahead and selecting our own "bed-fellows," and soon the above named states will be thoroughly organized.

Dr. Punton suggested the appointment of a committee of five for the purpose of meeting with similar committees from the other states to effect an organization. The President has appointed the Drs. T. E. Holland, Hot Springs; E. Meek, Argenta; J. B. Bolton, Eureka Springs; C. H. Trotter, Helena, and J. A. Lightfoot, Texarkana, as the Committee. These gentlemen have been notified of their appointment.

SOCIETY STATIONERY.

The various officers of the Arkansas Medical Society are entitled to use the stationery of the Society and should use it as much as they can in their official correspondence. The A. N. Kellogg Newspaper Co. of this city will print this for you at about the same prices as you will pay for your ordinary stationery.

NEW SECTIONS.

You will observe that the House of Delegates have added some new sections to the three already authorized. This will undoubtedly help materially and is certainly a step in the right direction. Progression means spreading out and enlarging if it means anything. We must progress or retrogress—no standing still.

OUR NEWLY ELECTED OFFICERS.

By referring to the roster you will see the personnel of the newly elected officers of the Arkansas Medical Society for the ensuing year. Lend them all a helping hand and let's make our Society equal to any in the Union beyond any question of a doubt.

—x—

MARRIED.

Dr. P. M. Shaver and Miss Jennie Conner were married at Biggers, May 8.

Dr. J. R. Prickett, of Traskwood, and Miss Effie McEntyre of Terry were married Wednesday, May 10. Dr. and Mrs. Prickett left for Little Rock on a brief bridal trip, and will make their home at Traskwood.

—x—

1905 TRANSACTIONS.

At last the Transactions for the meeting of the Arkansas Medical Society for the year 1905 have been delivered. After the long, tedious and annoying wait, the "agony is over." If any of our members have not received their copy, a duplicate will be sent upon notice to the Secretary.

—x—

ATTENDED THE A. M. A.

Dr. J. K. Baudy of St. Louis visited Rock; E. Meek of Argenta; E. K. Williams of Arkadelphia; J. C. Hughes and C. P. Merriwether of Walnut Ridge, attended the A. M. A. at Boston. Others also attended from Arkansas. Sorry we do not know their names, so that mention might be made with above.

—x—

REMOVALS.

Dr. C. M. Robinson from Dutch Mills, Ark., to Stillwell, I. T.

Dr. J. A. Bogard from Wheatley, Ark., to Forrest City, Ark.

Dr. A. Krebs from Eureka Springs, Ark., to New York, N. Y.

Dr. V. F. Lassagne from Eureka Springs, Ark., to Washington, D. C.

Dr. J. R. Loftis from Supply, Ark., to Maynard, Ark.

Dr. C. A. Turner from Greenway, Ark., to Tamaha, I. T.

Dr. T. N. Rodman from Barren Fork, Ark., to Sidney, Ark.

Dr. C. Prickett from Tarry, Ark., to Traskwood, Ark.

Dr. W. R. Hunt from Coal Hill, Ark., to Clarksville.

PERSONAL MENTION.

Dr. J. K. Baudy of St. Louis visited Little Rock on the 22d of May on professional business.

Dr. C. Travis Drennen, President of the Arkansas Medical Society has been in Columbus, Ga., for the past four or five weeks.

Dr. E. R. Dibrell, who has been in Rochester, Minn., for the purpose of having an operation performed on himself, has returned to Little Rock fully recovered. The Doctor has resumed his practice.

Drs. L. Kirby of Harrison, H. H. Niehuss of Wesson, and a score of others whose names have been misplaced, have called on the Secretary since the meeting. Call again gentlemen, any time you are in the city. The Journal will gladly welcome any member of the Society.

Sister Jovita, of St. Vincent's Infirmary, applied to the State Board of Pharmacy for an examination for druggist license, at the last meeting of the Board at Hot Springs. She made the highest percentage of any applicant before the board, which was 92. She is being congratulated.

Drs. J. C. Hughes, E. T. Ponder and C. P. Meriwether of Walnut Ridge, A. E. Cox of Helena, J. P. Runyan, E. Bentley, of Little Rock, and E. Meek, of Argenta, and E. K. Williams of Arkadelphia attended the A. M. A., at Boston. Dr. Runyan will return by way of Philadelphia where he will remain till July 1.

Dr. J. R. Lynn, of Hazen, visited Little Rock, on the 23d of May, bringing his wife for treatment. Dr. and Mrs. Lynn removed to Roswell, N. M. for the benefit of her health. The Journal regrets to note that the climatic change failed to continue to improve her, and it became necessary for them to return to their old home at Hazen. Hope to hear of her improvement soon and restoration.

—X—

AFTER OUR MEMBERS.

LITTLE ROCK, ARK., May 1, 1906.

DEAR SIRs—At a meeting of the Pulaski County Medical Society held April 16, 1906, the following resolutions were adopted:

"Resolved, That the Board of Censors be and are hereby instructed to send an identical letter to each member of the Pulaski

County Medical Society requesting him to state whether he is the physician of any lodge, club, society, fraternity, corporation or organization and on what terms, if he be the physician of any such organization, club, lodge, fraternal order, etc., services are rendered to members, or families of members, or both, of the organizations before mentioned.

"Resolved, That the Board of Censors request each member to reply to said letter, not later than ten days from date of said letter, and that the Board report to the Society at the stated meeting to be held on May 14, 1906, whether any member is doing the practice of any such organization in violation of the laws of this Society."

"Resolved, That the Board also report the names of all members of this Society who have not replied to its letters within the specified time, (ten days) from date of said letter."

Under the terms of these resolutions it becomes our duty to request that you transmit to us within the next ten days your reply to the following interrogatories, viz:

No. 1. Are you the physician of any lodge, club, society, fraternity, corporation or organization?

No. 2. On what terms, if you be the physician of any such lodge, club, society, fraternity, corporation, or organization, services are rendered by you to members, or to families of members, or to both, of the organizations before mentioned?

Respectfully submitted,

R. B. CHRISTIAN,

L. R. STARK,

R. W. LINDSEY,

Board of Censors.

—X—

The above circular letter has been sent to each member of the Pulaski County Medical Society, and is in keeping with the sentiment that has been aroused in several sections of the United States on this question.

—X—

THE SHARP COUNTY MEDICAL SOCIETY.

The Sharp County Medical Society has been organized with the following officers and members: T. J. Woods, president, Evening Shade; Wm. Johnston, vice president, Hardy; T. N. Rodman, secretary, Sidney; J. P. McGee, treasurer, Sidney. The next meeting will be held the first Monday in June.

PRAIRIE COUNTY MEDICAL SOCIETY.

Pursuant to call regular semi-annual meeting of Prairie County Medical Society was held at Hazen on Monday, April 30.

The meeting was called to order at 1:30 o'clock, p. m., by the President, Dr. W. W. Hipolite, of DeVall's Bluff.

Dr. J. R. Lynn, who recently returned to resume his practice at Hazen, was received as a member of the Society by transfer from Chansis County, New Mexico Medical Society.

There being a vacancy in the office of Secretary, caused by the removal of Dr. W. H. Terry from this county, the President appointed Dr. Lynn as Secretary for the unexpired term until the next meeting of the Society, when the election of officers for the ensuing year will be held.

Certain amendments to the Constitution and By-Laws were discussed and by resolution, laid over to the next meeting to be acted upon.

After a harmonious meeting the Society adjourned to meet at DeValls Bluff on the last Thursday in October, 1906.

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PULASKI COUNTY MEDICAL SOCIETY.

Pulaski County Medical Society held its regular semi-monthly meeting on Monday evening May 7. Dr. A. L. Carmichael read a very interesting paper on "Diarrheas of Infancy" handling the subject in a masterly way. During the discussion which was generally participated in, many interesting points were brought out as to its pathology and treatment.

The election of delegates to the State Medical meeting resulted in the choice of Dr. W. A. Snodgrass, Dr. W. C. Dunaway and Anderson Watkins. On account of the inability of Drs. Dunaway and Watkins to serve, Drs. C. R. Shinault and J. P. Sheppard were elected in their stead.

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DIED.

April 24, Dr. J. M. Day of Poplar Grove, died of pneumonia, after a short illness. He leaves a wife and one child. Dr. Day was widely known in this section, and had a great many friends.

Dr. J. W. Barkman, 70, died at his home near Texarkana, April 23.

Dr. I. Dixon, of Eglantine, was shot and killed by William Cullum, a young farmer, near Morganton, April 25.

OFFICERS CHOSEN BY THE ECLECTICS.

Only a short business session of the Arkansas Eclectic Medical Association was held May 11, as the closing session of the three days convention held.

A motion was carried that the Arkansas Eclectic Medical Association donate \$500 to the unfortunate eclectic physicians in San Francisco. This motion was unanimously carried.

It was decided to hold the next annual convention in Little Rock, in May of next year.

The officers elected for the next year are:

President—Dr. J. L. Vail, Little Rock.

Vice president—Dr. G. C. Parker, Belleville.

Secretary—Dr. T. J. Daniels, Magazine.

Treasurer—Dr. A. J. Widener, Little Rock.

The session just closed proved an exceptionally beneficial one to the members attending, as the convention was enabled to have present Dr. H. L. Hebling of St. Louis and Dr. J. R. DuVall of Atlanta, Ga., who are both are well known eclectic scholars.

The following doctors were in attendance at the convention:

S. J. Brownson, Fayetteville; W. C. Dal-lanbaugh, Pine Bluff; P. J. Park, Cato; Pearl Putnam, Eureka Springs; E. H. Stevenson, Fort Smith; R. L. Smith, Russellville; J. R. Foster, Argenta; W. C. Hudson, Mulberry; T. J. Daniels, Magazine; W. M. Allison, Bee Branch; Edward Lewis, Driggs; J. M. Crandall, Charleston; S. W. Moreland, Jonesboro; J. W. Pennington, Prairie View; J. H. Snowden, Morrilton; G. C. Parker, Belleville; Jacob Grode, Cherry Valley; D. J. Holbrook, Formosa; J. W. Shaw, Jersey; G. M. D. Clements, Auvergne; G. T. Laman, Cave City; A. J. Widener, J. L. Vail, Little Rock.

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U. S. GOVERNMENT ANNOUNCEMENTS.**Hospital for the Insane.**

The United States Civil Service Commission, Washington, D. C., announces the postponement to July 5-6, 1906 (in view of the small number of applications filed), of the examinations scheduled for June 6-7, to secure eligibles from which to make certification to fill at least two vacancies, at \$600 per annum each, with maintenance, in the position of medical interne, Government Hospital for the Insane, Washington, D. C., and vacancies as they may occur in any

branch of the service requiring similar qualifications.

Examination for Panama Canal.

The United States Civil Service Commission, Washington, D. C., announces an examination on July 5-6, 1906, at the places mentioned in the accompanying list, to secure eligibles from which to make certification to fill vacancies in the position of hospital interne (male) under the Isthmian Canal Commission, on the Isthmus of Panama, as they may occur.

As an insufficient number of eligibles to meet the needs of the service resulted from the examination held on December 6-7, 1905, for this position, qualified persons are urged to enter this examination.

Men only will be admitted to this examination, for which two days will be required.

Each applicant for the Isthmian Canal Service will be required to submit to the examiner, on the day he is examined, a recent photograph of himself, taken within three years, which will be filed with his examination papers, as a means of identification in case he receives appointment. An unmounted photograph is preferred. The date, place, and name of examination, the examination number, the competitor's name, and the year in which the photograph was taken should be indicated on the photograph.

Age limit, 20 to 30 years on the date of the examination; salary, \$100 per month, with quarters, but without board and washing.

Only graduates of reputable medical schools having not less than a three years' course will be admitted to this examination.

Examinations will be held in Little Rock, Fort Smith and Texarkana.

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DR. W. L. SORRELL'S BODY FOUND.

The body of Dr. W. L. Sorrells who was drowned in Mountain Fork, was recovered by a searching party, the body having drifted only a short distance from where he was seen to go down. The remains were sent to Dr. Sorrell's old home at Mansfield for interment. Dr. Sorrells was coroner of Polk county. He was drowned while attempting to cross the stream in a skiff.

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APPOINTMENT.

Acting-Governor John P. Lee appointed Dr. A. J. Pool of Mena, as coroner of Polk county to succeed Dr. W. L. Sorrells, who was drowned near Mena.

PETITION FOR INJUNCTION FILED AGAINST CORPORATIONS AND INDIVIDUALS COMPRISING THE SO-CALLED "DRUG TRUST."

The attorney general has announced that a petition has been filed in the Circuit Court of the United States for the district of Indiana by the government asking for an injunction against certain associations, corporations and individuals comprising what is commonly known as the "Drug Trust of the United States." In the statement the Attorney General alleges that the parties defendant, specifically named in the bill, have voluntarily combined to control the prices at which proprietary medicines and drugs shall be sold to the consumer through the retail druggists in violation of the Sherman anti-trust law.

The parties to the alleged combination, including the Proprietary Association of America, the National Wholesale Druggists' Association and the National Association of Retail Druggists. The statement continues:

"The Proprietary Association of America is an unincorporated association of 90 per cent of all the manufacturers and proprietors of patent medicines, drugs and proprietary articles in the United States.

"The National Wholesale Druggists' Association is also an unincorporated association composed of nearly all the wholesale druggists in the United States. These wholesale druggists act as the distributing agents for the manufacturers and proprietors of patent medicines, chemicals, drugs and proprietary articles, purchasing the same direct from the manufacturers and supplying the same to the retail druggists.

"The National Association of Retail Druggists is also an unincorporated association composed of delegates from affiliated local associations of retail druggists located in the various states of the United States and it is claimed that this association, through its affiliations, has a membership of about 20,000, or nearly all the druggists in the United States who purchase or sell patent medicines, chemicals, drugs and proprietary articles to the consumers."

The defendants named in the complaint are as follows:

The National Association of Retail Druggists and its officers, agents and members.

The Direct Contract Proprietors and its agents, members and officers.

The National Wholesale Druggists' Asso-

ciation and its members, agents and officers.

The Tripartite Proprietors and its members, agents and officers.

The Black List Manufacturers and its agents, officers and members.

The Wholesale Contract Proprietors' Association and its agents, members and officers, and the following Indianapolis defendants:

The Eli Lilly Company, Joseph Etoms, W. J. Mooney, John N. Carey and Frank E. Holliday.

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OFFICERS AMERICAN MEDICAL ASSOCIATION.

At the meeting of the American Medical Association at Boston, June 9, 10, and 11, the following officers were elected for the ensuing year:

President—Dr. Joseph D. Bryant, New York City.

Vice Presidents—Dr. Herbert L. Burrell, Boston, Mass.; Dr. Andrew C. Smith, Portland, Ore.; Dr. E. S. Fairchild, Des Moines, Iowa; Dr. W. S. Foster, Pittsburg, Pa.

Trustees—Dr. W. H. Welch, Baltimore, Md.; Dr. Miles M. Porter, Fort Wayne, Indiana.

Treasurer—Dr. Frank Billings, Chicago, (re-elected).

Secretary—Dr. Geo. H. Simmons, Chicago, (re-elected).

Resident Trustee—Dr. M. L. Harris, Chicago. Atlantic City, N. J., was selected as meeting place 1907.

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OFFICERS ARKANSAS ASSOCIATION OF PHARMACISTS.

President—W. H. Skinner of Pocahontas, re-elected.

First Vice President—M. A. Eisele, Hot Springs.

Second Vice President—DeWitt Pinckney, Fort Smith.

Secretary—Miss Mary A. Fein, Little Rock, re-elected.

Treasurer—F. W. McClarkin, Little Rock.

Executive Committee—L. K. Snodgrass, Little Rock; A. H. Stahel, Little Rock; Henry Bordeaux of Dermott.

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DRS. JONES AND PRICE.

Dr. Frank A. Jones, of Memphis, whose specialty is physical diagnosis, has recently been elected to the chair of Physical Diagnosis and Clinical Medicine in the Memphis Hospital Medical College, to succeed Dr. D. D. Saunders.

Dr. J. W. Price of Memphis, who makes

a specialty of the eye has been elected to the chair of Materia Medica in the new Medical College recently organized at Memphis. The Doctor is a graduate of the University of Virginia, and the writer, who has known him from boyhood, can truthfully say they could not have made a better selection, for he is thorough, not only as a specialist, but on the various branches; all of which is necessary to make a good practical man.

C. R. S.

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BOOK REVIEWS.

The Secretary has received a copy of Bernay's Golden Rules of Surgery from the C. V. Mosby Medical Book Co., St. Louis. We have read this volume with much interest, as it contains many "gems of truth" which require years of toil to acquire. Dr. Bernay's is a fluent writer and handles his rules in a concise way.

He dedicated it to Dr. Chas. H. Mayo. Order of the publishers as given above.

"How to Succeed in the Practice of Medicine" is the title of a work by Joseph M. Mathews, M. D., of Louisville, Ky., published by Jno. P. Morton & Co., Louisville. The Secretary has read this book with much interest and pleasure and cheerfully commends it to any doctor. It is beautifully written—in that elegant style that is so characteristic of Dr. Mathews. The chapters are Requirements for Entering the Medical Profession, Location, Marriage, Ethics, First Year, Specialties in Medicine. The Business Side of It, The Young vs. The Old Doctor, The Country vs. the The City Doctor, Art in Medicine, Some Rare Types That You Will Meet, Lights and Shadows. The Dedication to His Wife is beautiful. Yes, sublime. Get the book. Read it.

The Secretary has received from Dr. Benjamin Lee, Secretary State Board of Health, of Pennsylvania, a copy of the Twentieth Annual Report of the State Board of Health and Vital Statistics of the Commonwealth of Pennsylvania. This is a volume of 580 pages and is full, complete and comprehensive. The tabulation of reports from County Inspectors, Tabulations of Diseases, Small Pox, Typhoid, Diphtheria, Scarlet Fever, etc. Cultures examined, Milk specimens examined, Blood Specimens, Disinfections, Mortuary Reports, Vital Statistics, etc. In fact the work of the Board as shown by this report is thorough and reflects much credit on the Board.



- 1—Unsegmented ovum of the hookworm, *Uncinaria Americana*, in fresh state. x300.
- 2, 3—Segmented ova of the hookworm, *Uncinaria Americana*, in fresh state. x300.
- 4—Segmented ovum of the hookworm, *Uncinaria Americana*, after drying and mounting. x300.
- 5—Embryo of the hookworm, *Uncinaria duodenalis*, escaping from its eggshell. Greatly enlarged. (After Perroncito.)
- 6—Larva of the hookworm, *Uncinaria duodenalis*, in second stage, retracting from its skin. Greatly enlarged. (After Perroncito.)
- 7, 8—Male and female hookworms, *Uncinaria Americana*. Natural size.
- 9—Ovum of the common roundworm, *Ascaris lumbricoides*. x300.
- 10—Embryo of the common pinworm, *Oxyuris vermicularis*, in its eggshell. Greatly enlarged. (After Lueckert.)
- 11—Ovum of the common pinworm, *Oxyuris vermicularis*. x400.
- 12—Ovum of the common pinworm, *Trichocephalus dispar*. Great enlarged. (After Lueckert.)
- 13, 14—Head and tail of female hookworm, *Uncinaria Americana*. (Spencer 16mm objective, 4x eyepiece.)

*The drawings and microphotographs were made by Dr. W. S. Stewart, and are from personal observations unless otherwise indicated.

Papers Read and Discussions on Same.

UNCINARIASIS.

By W. S. STEWART, M. D., White Oak.*

There is no disease that admits of a more positive diagnosis than uncinariasis; yet there is scarcely a disease in the present age of so grave a character, and at the same time so common in many sections of the South, that has masqueraded so long under the guise of other affections, and been treated as such, with so little success. This is said with no spirit of criticism, it being merely a statement of facts, for I am aware that the profession is rapidly awakening to a realization of the true character of this protean disease, which is sapping the life blood of the South, and that some worker along this line will in the near future be able to present a more glorious counterpart.

In the mild type of this disease, there are no diagnostic symptoms, while in the severe forms the symptomatology is so closely allied to that of the profound anemias due to other causes that any physician who would stake his reputation on his ability to make a diagnosis on the objective and subjective symptoms alone, would sooner or later come to grief; hence the only positive means of making a diagnosis is by detecting the hookworm or its ova in the stools. However, certain conditions, such as residence, age, occupation, previous history, and certain pathological conditions may lead one to strongly suspect that the subject is the victim of hookworm disease.

Residence is suggestive, as the disease is pre-eminently one of rural districts, because of the fact that the feces is deposited promiscuously about the premises, with no attempt at disinfection, thus permitting of the free development of the larvae during the warm season. The disease is not, however, confined to the rural districts, as many of the city have recently moved here from the country, while it is the joy of every city boy while visiting in the country during the summer months to paddle around in the mud and water.

Age is an important factor, as it is the custom in rural districts for children and young adults to go barefoot during the summer months, hence the disease occurs more frequently between the ages of 3 and 25. However, the disease frequently occurs in middle age, and I have observed it in those who were far past the meridian of life.

Occupation is often highly suggestive. Those whose duties bring them in contact with the soil, especially those who go barefoot or wear defective shoes, being especially liable to infection.

Anemia, with its manifold manifestations, is one of the most prominent symptoms of the disease, and in all anemias in which the etiology is not definitely known uncinariasis should be

considered as a possibility, and if on making a blood examination there is found a well marked eosinophilia not otherwise satisfactorily accounted for there is a strong probability that this possibility will prove to be certainty.

Gastro-intestinal disorders, such as nausea, indigestion, colicky pains, constipation, alternating with diarrhea, the stools in some cases being of a reddish brown color, and a variable and capricious appetite with distended abdomen, while not when taken alone, diagnostic, are, when present with other marked symptoms to a certain extent confirmatory.

A previous history of having one or more attacks of true ground itch within recent years, taken in connection with the foregoing, offers the strongest presumptive evidence possible. I have never seen a case of uncinariasis that did not give a history of having one or more severe attacks of ground itch some time during the five years preceeding. It should be borne in mind, however, that every dermatitis which the laity call "toe itch" or "ground itch" is not always true ground itch, but a few questions regarding its symptomatology and duration will frequently determine its nature.

The diseases with which uncinariasis is most often confounded are the so called primary anemias, such as chlorosis and pernicious anemia, and the secondary anemias of cardiac and renal diseases, chronic gastro-intestinal affections and chronic malaria; from all of which it may be differentiated by the therapeutic test or microscopic examination of the feces.

Therapeutic test: This test is only recommended to those who are not in a position to make or have made a microscopic examination, as it may subject the patient to needless medication and inconvenience. Prepare the patient as for treatment, and give 5 to 30 grains of thymol, according to age, to be followed in four hours with sufficient salts to move bowels freely. The stools for the following 24 hours are passed in a single vessel, after which they are examined for worms about one-half to three-fourths of an inch long, about as thick as a hat pin, and one end curved back to form a hook. It is important that the stools be examined from the vessel in which they were passed, as in the liquid stools the worms may sink to the bottom and left adhering to the vessel if transferred to another by the patient. **Technic:** A readily obtainable, cheap, and effective strainer is the large, open bottom milk strainer, across the bottom of which is placed cheese cloth. Into this is placed small portions of the feces, and stream of water from a tap, irrigator, or fountain syringe is directed on it, which washes through the finer portions, leaving the coarse particles and worms, if there be any, on the cloth. No other intestinal parasite has a curved extremity, hence the characteristic hook of the uncinaria will serve to differentiate it

Note.—Read by Dr. Stewart before the Arkansas Medical Society, May 9, 1906, and ordered printed in the June issue of The Journal by unanimous consent of the House of Delegates.

from all others with which it may be confounded.

Microscopic examination: The microscopic examination of the feces forms a positive and simple means of diagnosis, it being possible to detect the ova in cases where the parasites are so few as to give rise to absolutely no symptoms. **Technic:** Place a small portion of the suspected feces on a clean slide, add sufficient water to form a thin emulsion, and examine under a moderately high power, with low illumination. Look carefully for an elongated oval egg, with thin shell, and protoplasm unsegmented or segmented; the degree of segmentation depending on the temperature and age of the feces. The specimen may or may not be covered with a cover glass, depending on the working distance of the objective and mode of manipulation. I use a mechanical stage, and cover the larger portion of a 1x3 slide with a thin layer of the stool mixture, using no cover glass. The slide is examined with a 2-3 and a 1-6 parfocal objectives attached to a triple nose piece, and as the 1-6 objective has a long working distance there is no danger of soiling it if ordinary care is taken in spreading the specimen. The slide is first examined with the 2-3 objective, as the field is larger and the work more rapidly performed. When an egg is found it is placed in the center of the field and examined with the 1-6 objective to see that it corresponds with the uncinaria ovum. If no ova are found, the slide is laid aside, and another prepared and examined. If, after examining several slides, no ova are found, the first slide, which has by this time become dry, is inverted on a clean slide on which has been placed a thin layer of glycerin, and the reverse side examined. I have by this means found ova which had escaped detection by being in contact with the slide and covered with bits of stained mucus or small particles of feces. It is my custom when the feces contain a large amount of undigested material, or when the ova are not readily detected on first examination, to mix the stool with sufficient water to liquefy and strain the mixture. The strained portion is placed in a conic vessel and set aside to settle, after which the sediment is examined. If an examination is called for at once, a portion may be centrifugized and examined immediately. By this means it is possible to detect even the slightest infection.

The ova of uncinaria are very characteristic, being either clear, slightly granular, or faintly opalescent, becoming grayish granular on drying. They are unstained by bile, thus differing materially from the ova of other intestinal parasites which are usually stained yellow. The eggs of the uncinaria are to be differentiated from the ova of the following:

Ascaris lumbricoides: Eggs about the same size as those of the uncinaria, but of a more true oval or nearly round, of a yellowish-brown color, with unsegmented protoplasm, and when studied under a moderately high power will be found to display a more or less well marked double outline with crenated margin.

Oxyuris vermicularis: These ova are the ones that are most likely to be mistaken for those of the uncinaria. Those of the oxyuris are slightly smaller, are oval with a thin shell,

but are flattened on one side, and the entire shell is either filled with protoplasm, or a more or less well defined embryo.

Trichocephalus dispar: The ovum of the trichocephalus is slightly smaller than that of the uncinaria, and differs very materially from it in all other respects. It is dark brown in color, with smooth, thick shell, apparently perforated at each pole. The protoplasm is coarsely granular, and usually unsegmented, though in some specimens there may be seen evidence of segmentation.

PROGNOSIS.

The prognosis depends upon the degree of infection, the pathological conditions present, and the treatment pursued. With proper treatment the prognosis is favorable unless the infection is very great and the disease allowed to pursue the even tenor of its way until exhaustion of the blood regenerating powers have taken place, when the patient may succumb even after all the parasites have been expelled.

As regards life, the disease of itself in the mild type has little effect on its duration, and while the victims may be stunted physically and mentally, yet if some intercurrent affection does not take them off, a natural cure will result without treatment after the parasites have lived their allotted time and die out. There are in the South today, thousands who have "outgrown" this disease, yet there are thousands more who have succumbed to some other affection, who would have escaped, or at least been able to come out victorious, had it not been for the lowered vitality due to this disease. Spontaneous recovery, while possible, must be very rare.

In moderately severe cases the prognosis is favorable if proper treatment is administered; there being no disease of so serious a nature that yields more readily to treatment if given while the recuperative powers admit of a normal restoration of bodily function. Recovery occurs more readily in recent infected cases, and in young and hardy subjects.

In advanced cases of the severe type in which there is a high grade of anemia, with distinct cardiac hypertrophy and dilatation, the prognosis should be guarded, as the patient may succumb before a normal bodily function can be established, some cases dying suddenly from cardiac failure. The prognosis is very grave in cases showing a blood count of less than 1,000,000 reds, hemoglobin 10 per cent, or less, with numerous megaloblasts and myelocytes, and an absence of an eosinophilia, as death is usually the result. The percentage of eosinophilia is the great prognostic sign; favorable if high, and unfavorable if low or absent.

PROPHYLAXIS.

The two avenues through which infection takes place are through the mouth by means of dirt swallowed accidentally or otherwise, raw vegetables, and drinking water; and through the skin from soil infection, the latter being the route through which infection takes place in over 99 per cent of the cases. Bearing these facts in mind, it is only necessary to prevent soil and water infection to prevent the disease. This may be accomplished by proper dispo-

sition of the feces, and the effectual treatment of all cases of the disease.

The laity should be taught the dangers of depositing the feces promiscuously about the premises and suitable privy accommodations provided, or when this is unpracticable, pits should be used, which should be filled up from time to time and fresh ones dug. In either case, unslacked lime should be kept on hand, and a liberal quantity placed over the feces each day. All cases of the disease, whether presenting symptoms of sufficient severity to cause them to seek the advice of their physician or not, should be told that they are a source of danger to themselves and others, and given effective treatment. Wherever one case is found in a family the chances are that other mild cases will be found in the same family, and an examination of all suspects should be made with a view of giving treatment if the disease is found to exist. A microscopic examination should be made of the feces of every one who gives a history of having ground itch in recent years, and if the disease exists, treatment should be instituted at once.

If these measures could be carried out effectually, the disease could be stamped out in our climate in one year, but, unfortunately, in many instances this cannot be done. Every one who has had experience along this line knows how difficult it is to secure the hearty co-operation of many of the laity. Many regard the promiscuous deposition of the feces as of no importance, so long as they are out of smelling distance of the residence, and away from the water supply, while some of the very mild cases will absolutely refuse examination and treatment so long as they feel fairly well. However, we have a more feasible means of preventing the spread of the disease that is fairly effective. The laity will, as a rule, act on instructions regarding the prevention of the contamination of the water supply with surface water and the excreta. Ground itch is anything but a pleasant ailment to have in the family, and if people are taught that it is only the commencement of a far more serious disease, they will be more careful about protecting their feet from the mud and water.

TREATMENT.

The treatment of uncinariasis consists in the removal of the parasite, and assisting nature to repair the damage done, with due attention to complications and sequelae. The anthelmintics most commonly used are thymol, betanaphthol, and male fern. Thymol is the one most commonly used, and the one used by me in all cases except one, in which I used betanaphthol in 10 grain doses with good results. Male fern is said to be efficient, but must be used in two drachm doses to be effective, and in some cases these large doses produce unpleasant constitutional symptoms.

The expulsion of the parasite is comparatively simple, though there are certain details that should be borne in mind, whatever anthelmintic is used, if the treatment is effectual with a minimum number of administrations. The parasites are very tenacious of life, frequently lying concealed in mucus in the folds of the intestines, and if the treatment

meets with the success so ardently desired, the conditions must be such that the anthelmintic in concentrated form will come in direct contact with the worms. To accomplish this, that portion of the intestinal tract inhabited by the uncinaria should be as nearly emptied and cleared of mucus as can be consistently done.

It is my custom to give a saline before breakfast for two or three mornings previous to administering the anthelmintic. The day previous a nourishing diet is allowed, but of such a nature as to be easily digested, leaving a minimum amount of residue, and at bed time a dose of salts is given. The following morning the patient is not allowed anything for breakfast except a cup of strong coffee, or in case this is not used a cup of hot broth. One hour later, 30 grains of thymol are given, to be repeated at two hour intervals until two or three doses are taken, depending on the condition of the patient and constitutional effects produced. This is followed two hours later with salts, after which the patient is allowed the usual diet. If the bowels do not move freely late in the afternoon the dose of salts is repeated, or a high enema given. The stools for the following 24 hours are passed in a single vessel, after which they are washed, as previously described, and examined for hookworms. An examination of the feces is made a few days after treatment, and if ova are still found, the treatment is repeated once a week until a careful search shows no ova to be present.

It is a very great mistake to dismiss a patient as cured, simply because the last treatment failed to expel any worms, as I have found ova present in some cases where the treatment had failed to expel a single worm because of a disregard of instructions relative to preparatory treatment by patient. The number of treatments necessary to effect a cure depends on the preparatory treatment given, and the age of the parasite; the more thorough the preparation the less the number of treatments, while the mature parasite is more easily removed than the young, as the young are more easily concealed in the mucus and folds of the intestine. From my own observations, and a study of others, I would place the average between two and three.

Thymol should be finely powdered, and should never be given on the tongue, the most convenient mode of administration being in capsules. The dose should be regulated to suit the age and condition of the patient, children being given one-fourth to one-half the adult size. In weak, anemic cases it is sometimes necessary to give preliminary tonic treatment, with a nutritious diet, and a smaller dose to commence with. Much larger doses than 30 grains have been given, but a careful study of the reported cases have failed to show any better results than is obtained from the usual dose, and remembering that even this dose may prove toxic to some individuals it seems unjustifiable to administer larger ones.

The patient should be under observation during the administration of thymol if practicable. In many cases, however, this is not feasible, and in such instances I usually pres-

cribe a dose of strychnine to be taken with the first dose of thymol, the dose to be repeated in case any symptoms of collapse appear. However, since commencing the use of thymol some three years ago, the second dose of strychnine has never been taken, neither has any toxic symptoms appeared beyond a slight constriction of the forehead, dizziness, and ringing in the ears. While thymol is in the intestinal tract, no solvent, such as alcoholic beverages, ether, chloroform, glycerin, turpentine, or oils, should be allowed. Almost all the fatalities, and they are very rare, can be attributed to a neglect of this precaution.

The regenerative treatment of uncinariasis does not differ materially from that of other secondary anemias, and to go into details would be superfluous. Due attention should be paid to any complications and sequela which may exist, and the patient given the best dietetic, hygienic and therapeutic treatment possible. Under such conditions recovery is usually rapid and complete.

DR. STEWART: I am, indeed, pleased to see that there has been an interest manifested in this subject here this afternoon, as it is one of vital importance to every member of this Society. Uncinariasis has probably existed in our Southland since the early days of its settlement, but until recently it has been regarded as a manifestation of some other affection, and it is only in the last few years that its true etiological factor has been recognized and an effective treatment administered. Until three years ago, I had regarded the disease as a mere medical curiosity in our country, not to be found except in some recent emigrant, but on reading a report of Stiles' investigations, and ascertaining that he had found a new species of the hookworm in certain sections of the South, where the soil and climate conditions were similar to that of our own country, I commenced an investigation with a view of ascertaining whether or not the disease existed in my immediate locality. I soon found that some of my anemic patients were the victims of the disease, and I believe that then thorough investigations is made that the disease will be found to be far more prevalent than Dr. Morgan Smith's most excellent and painstaking report indicates.

I have not, however, found the disease so common or so severe as it is south of the frost line, as freezing kills the eggs and larvae, and, as a rule, only the children and young adults go barefoot only during the warm season, hence the chances for infection are far less. I have never seen the erythrocytes in uncomplicated cases number less than 1,500,000, nor hemoglobin lower than 20 per cent, and this is rare, the majority of cases presenting themselves for treatment have shown the erythrocytes to number between 2,500,000 and 3,500,000, with the percentage of hemoglobin between 35 and 70. It should be borne in mind that where one case is found in a family of sufficient severity to call for treatment that the chances are, that other mild cases will be found in the same family presenting practically no symptoms because of the slight infection.

When I first began an investigation of the

subject, I must confess that I doubted the theory of Looss regarding the mode of infection, but have been forced to conviction that he was right, as I have yet to see a case of hookworm disease that did not give a history of having one or more attacks of ground itch some time during the five years preceding, and the experiments of Dr. Claud Smith, of Atlanta, are sufficient to convince the most skeptical.

I wish to publicly express my thanks to Dr. L. Napoleon Boston, of Philadelphia, for his kindness in furnishing me with the beautiful specimen of the *Trichocephalus ovum* just shown in the microscopic exhibit. I have never seen a case of *Trichocephalus* infection, although some investigators in the Tropics have held that this worm was responsible to a great extent for the anemia of hookworm disease. Doctor Boston, who has observed the disease both in the States and in the Tropics, writes me that he cannot believe this, and from my own observations I cannot but agree with him.

I am indeed glad to see that there has been at least a very small amount of interest taken in this subject this afternoon, as I feel it is one of vital importance to every member of this Society. Uncinariasis probably existed in our Southland since the early days of the settlement, but it has been regarded heretofore as the manifestation of some other affection. It is only in the last nine years that its true pathological factor has been recognized and effective treatment given. I, like many other physicians, until three years ago had regarded the disease as a mere medical curiosity; but, upon reading the report of Styles' investigations and ascertaining the fact that he had discovered a new species of the hookworm in some sections of the South where the soil and climatic conditions were almost identical with that of others, I commenced an investigation to ascertain whether or not the disease actually existed in my immediate locality, and soon found that some of my anemia patients were really victims of the disease, but have not, however, found the disease so common, or so prevalent in this country as it is reported further South. The reason for this is very obvious, since freezing kills the ova; and the chances for infection are far greater during the warm season of the year where the young people go barefooted.

The highest grade of the anemia shows a blood count of 1,500,000 erythrocytes with hemoglobin of 20 per cent. But this high grade is really rare in my country. The average patient who presents himself for preparatory treatment shows a count of from 2,500,000 to 3,500,000 erythrocytes, and hemoglobin from 35 to 70 per cent.

DISCUSSION.

DR. KIRBY: It is customary in consultations to allow the younger men to speak first, in order that they may not be embarrassed. I had one case something over a year ago. I have no notes with me, and did not keep it in my mind. The patient lived something near 40 miles from me and was sick about five years. He had anemia, dizziness, palpitation of the heart, stomach trouble, indigestion, and,



Case One

SHOWING ADVANCED CASE OF UNCINARIASIS.

occasionally diarrhea. All the doctors had done him no good, and he came to me, and I did not do him any good for some time. Finally, we decided it might be hook-worm. I examined the feces with a microscope, and found both the worms and the eggs. I gave him, as a preparatory treatment, a good, big dose of salts, with instructions, if it did not act in two hours, to give another dose of salts. After that, I gave him, as suggested by Dr. Stewart, 30 grains of hymol and something like six months afterwards, I heard from the man and he was well, and is still well.

Dr. Smith wrote me requesting the blood count. I replied that I did not make any. I think it is obligatory upon every practitioner when he find an unusual case to use every means possible in his power to complete the diagnosis as well as the treatment. I want to acknowledge my short-comings in the matter, and if I get hold of another case, I shall be able to report more fully.

DR. CLEGG: As Dr. Smith in his paper stated, he had written to parties in several of the counties. I do not know the experience of other physicians in the county in which I live. But, I remember when I used to practice in the southern part of the state, I would frequently find those cases of chronic anemia that would fail to be benefited by any kind of treatment. But, in the section in which I have lived for the last 25 years, I have failed to observe a single case, and from the statements in the paper I don't think it is possible for the hookworm to live in that locality. Our country, geologically, is a lime stone country, and there is not a particle of sand in it. There is no standing water, and there are no geographical conditions that would be favorable for the development of the hookworm. As I have said, in 25 years of my observation there, I fail to recall a single case to give a clinical history that would answer to the description of that of the hookworm. I told Dr. Smith I would make these remarks, and would like to know from Dr. Canfield, who is from the same locality, whether he has observed the same thing.

DR. CANFIELD: I have never seen but one case that even aroused in my mind the suspicion of uncinariasis. That was the case of an old man 66 years old, who had a chronic anemia that I could not account for. I examined his stools for the parasite and its ova and found none. I believe I reported that to Dr. Smith. In fact, I have not seen any in the locality, and no ground itch.

DR. CLEGG: No, there is no ground itch. I never saw ground itch since I have been in that locality.

DR. BREATHWIT: Dr. Kirby sat down on me good and hard in his speech just now. I did not make a microscopical examination that I should have, and for that reason I haven't anything that I could report to Dr. Smith about the case. Dr. Stewart is president of our county society, and is the greatest worm finder you ever saw. Unless I change my mind, before the next meeting, I will make some report of uncinariasis.

DR. MINOR: I desire to offer a resolution

in regard to the papers that we have just listed on, if I am in order. It is as follows:

Recognizing the importance of the subject of the papers of Drs. Smith and Stewart, this section recommends to the Committee on Publication that they not only be permitted, but requested to print and distribute their articles and the discussions among the physicians of Arkansas before the publication of the same in the Society's records.

DR. BOURLAND: I move the adoption of the resolutions as read.

Seconded. Carried.

By DR. MORGAN SMITH,*

Clinical Instructor in Pediatrics, University of Arkansas, Little Rock.

First reasoning theoretically, that uncinariasis must exist in the United States, and subsequently confirming the truth of his deductions while making an itinerary of certain Southern States, rather spectacular was the discovery by Dr. Chas. W. Stiles, of the United States Public Health and Marine Hospital Service, of the prevalence and wide distribution of hookworm in this country, and the opinion advanced by him that it, and not malaria, was responsible for the large majority of the anemias so common in, and typical of the Southland, and has been sustained by recent investigators and numerous Southern practitioners. His classical contributions to the subject, first officially promulgated through the Hygienic Laboratory Bulletins, (available for the asking and without cost) served to awaken the keenest interest amongst Southern practitioners, and a systematic search was immediately begun in many sections of the South for the "clay-eaters' disease" with the startling results that, with but few exceptions, those who sought for it were rewarded with the finding of not only one case, but many cases.

Smith and Harris, of Georgia; Bondurant, of Alabama; Allen J. Smith, of Galveston, have been most active in the prosecution of the study of uncinariasis in their particular localities, as well as in the South, and, together with Clayton and Ashford, have contributed the bulk of of recent literature on the subject. The number of cases that have already been reported, have reached the thousands and the number that could be collected would depend only upon the time and patience of the statistician. So thoroughly established is the fact of hook-worm infection in the States whose climatic and geographic conditions are similar or identical with those of Arkansas, it can be seen with what certainty the prediction is made of a like prevalence and distribution within our own State borders. The object of this article then needs no explanation, for certainly a disease which is shown to be so common and infects so large a percentage of the poor white population in the sandy rural districts of the southern half of our country, unfitting for citizenship those who are its victims, is deserving of our earnest consideration. In the light of Stiles' researches and the literature now avail-

* Note.—Read by Dr. Smith before the Arkansas Medical Society, May 9, 1906, and ordered printed in the June issue of The Journal by unanimous vote of the House of Delegates.

able, there should not longer be any excuse for the merest medical tyro to remain ignorant of the general manifestation of the disease, or the easy method of its diagnosis and treatment.

I suspect that before the conclusion of this article, many of you will no doubt recall one or more cases encountered in your past professional experience, and will clearly understand why quinine, iron and arsenic, the great malarial therapeutic trinity, which was doubtless administered in your cases, was of no avail.

The history of the entozoa is as old as the history of the Adamic tribe, and even before the Children of Israel in the Wilderness of Judea were tormented with the *filaria mediensis*, the Biblical "fiery serpent," the wise men of the Egyptians had not overlooked their presence and untoward action in the human body, and many fanciful and superstitious theories were spun to explain many obscure symptoms supposed to result from their habitation in the subject who was so unfavored of God as to become their host. The Egyptians were especially the greatest sufferers from uncinariasis, and it is stated that at least one-third of the population is affected.

Perhaps there could be no exception to the statement that uncinariasis can be found in all tropical, subtropical and temperate zones, and under favorable conditions, in all parts of the habitable globe. It might not be far from the truth to characterize it as a universal disease.

When the tape-worm group of entozoa was first studied and their wonderful method of reproduction and growth described, it was claimed by certain pseudo-scientists that the theory of "spontaneous generation" had been solved. If the same amount of brain energy which was consumed in the efforts to sustain the ingenious theory could have been applied to methods of prophylaxis and treatment of uncinariasis in the early history of Arkansas, the world of Cheap Letters would have been decidedly impoverished thereby. Where would have been the unique characters whom Ople Read discovered and exploited in many of his popular and popular-priced train edition novelettes as indigenous to this State and peculiarly characteristic and representative of our rural citizenry? Othello would have been a busy man in comparison—the material for his fancy would yet have been unborn. As hookworms and malarial parasites were largely contributory to his early literary success, so will thymol freely and judiciously administered make impossible the future production of material for other scribblers who would play profit upon the endemic diseases of the South. Aye, even under the Reign of Thymol, the "Arkansas crocker," the "clay-eater," the "tallow-face," and the "blue-gum doodle-hunter," all synonyms, is marked to disappear from the face of our land, for he is soon to take upon himself the full prerogatives of the proud citizen—socially, politically and economically.

Definition.

Uncinariasis, briefly, may be defined to be a chronic specific infection due to the presence in the small intestine of a specific zooparasite, the uncinaria. Of these parasites, there are two species which infest man, the *anchylos-*

toma, *duodenale*, or the old world hookworm, and *uncinaria Americana*—the latter so named from the fact that Stiles was the first to make the zoological discrimination. The worms inhabit the duodenum and jejunum, and attaching themselves to the mucosa by means of their curved lips and sucking apparatus, draw blood directly from the capillaries, and unless dislodged or expelled by anthelmintics, ply their sanguinary occupation until such time as Nature chooses to no longer act as host, or death lays an embargo upon their depredations. Anemia, due to the direct abstraction of blood and the absorption of toxins generated by them, is the essential symptom, and the several types depend upon the degree of the infection.

"Porto-Rican Anemia," "Miner's Cachexia," Gotherd's Tunnel Disease," "Egyptian Chlorosis," "Miner's Anemia" are some of the many names given to this condition, and it is perhaps the universal disease, affecting two-thirds of the human race in tropical and sub-tropical climes. It is more common in tropical, less so in colder regions, but has been found in all parts of the habitable world.

The uncinaria belong to the Nematode family Strongylidae, and are characterized by the presence, on the tail of the male, of an umbrella-like structure known as the caudal or "copulatory bursa," supported by a number of finger like rays resembling the ribs of an umbrella. In coitu the male clasps the body of the female by means of this "bursa." This family is divided into sub-families of which uncinariasis belong to the Strongylidia.

Specific Description.

The new world hookworm—*Uncinaria Americana*. Body cylindrical, somewhat attenuated anteriorly. Buccal capsule with a ventral pair of prominent, semiunar plates, or lips, and a dorsal pair of slightly developed lips of the same nature; dorsal conical median tooth projecting prominently into the buccal cavity; one pair of dorsal, one pair of ventral sub-median lancets deep in the buccal cavity. Male, 7 to 9 mm. long; caudal bursa with short dorso-median lobe, which often appears as if divided into two lobes, and with prominent lateral lobes united ventrally by an indistinct lobe.

Female. 9 to 11 mm. long; vulva in anterior half of body or anterior to the equator. Eggs are ellipsoid, 64 microns to 76 microns long, by 36 to 40 microns broad in some cases, partially segmented in utero, in other cases containing a fully developed embryo when oviposited.

The eggs, laid by the female worms in the intestines, are discharged segmented or unsegmented with the feces, and under favorable conditions, develop into embryos within twenty-four hours, depending upon temperature and moisture. The egg has a thin capsule and a simple life cycle. The evolution of the embryo to adult life, consist of five stages, or ecdyses, each ecdysis corresponding to distinct changes in the anatomical development. The first two periods are extra-corporeal, the rest occurring after reaching the intestinal canal. The eggs mature best in unaltered feces, air and moisture are requisite to their growth, water

and low temperature retarding their development.

The embryo, after escaping from the shell, measures .3 mm. in length; the anterior end is blunt, the tail pointed and long; 6 points are visible around the mouth, and these develop later into papillae. In this stage the larva begins to take food, and about the second or third day casts its skin, but does not change its organization. After about four or five days it measures 480 microns long, by 30 microns in diameter.

Second Stage. After the fifth day the young worm begins to show signs of a second ecdysis, at the same time undergoing other changes. Three minute lips, each with two very delicate papillae, appear under the skin at the anterior end; the brightly refringent cuticular lining of the buccal cavity, and the chitinous teeth of the esophageal bulb disappear, * * * the tail becomes shorter and more blunt, the anus lies 90 m from the end of the tail. The organism becomes more motile, and contracts from the outer skin, thus forming the stage which has been called "Encystation," but which is in reality a second ecdysis. This is the infecting stage of the larva, and ends the development so far as the free life is concerned. No more food is taken. While water is injurious to the egg in the first stage, the encysted stage exists well in this medium. Upon drying up the larvae die, and the belief that they exist in dust, is not well taken.

After gaining entrance to the intestines, they complete the three last stages of development, or ecdyses, requiring from four to six weeks from the date of infection to attain to their adult growth.

The foregoing description is taken from Stiles monograph.

Infection occurs either through the skin or by the mouth, the former being the most common route.

Loos was the first observer to suggest the possibility of infection through the skin, and Sandwith subsequently confirmed his observations. *Claude Smith of Atlanta, has recently reported an experiment which is so convincing as to leave no doubt about the infection through the skin. He applied damp soil containing larvae four days old for one hour to the forearm of a patient. Within a few minutes after the application of the earth a slight itching was felt, and within 8 minutes a decided stinging sensation, as if produced by needles, was experienced. The site of the application was reddened and a macular eruption was observed. These macules gradually developed into vesicles, accompanied with a swelling and a vexatious itching, the itching becoming so intense as to decidedly interfere with sleep.

The swelling and itching began to subside about the sixth day, and by the twelfth day all evidences of the dermatitis, or so-called "ground itch" had disappeared. The feces were examined weekly, and not until the middle of the seventh week were the ova discovered.

While this experiment proves one, and decidedly the most common, mode of infection,

the larvae may be carried to the mouth on soiled hands, or by contaminated food, water, vegetables or fruit.

Warmth, moisture and sandy soil are necessary for the extra-corporeal development, therefore infection is more likely to occur in the spring and summer months, and in rural districts. It is not uncommon to find several children in a family and several families in a neighborhood affected, in fact, it appears to be the rule.

Cases of uncinariasis occurring primarily in cities, have not been reported. Whites are more often affected than negroes, and blondes than brunettes. Just why the Southern country negro is not more often affected is strange, for he knows not a law of cleanliness or hygiene, goes without shoes, eats unhealthy food, and several families often live within a radius of a few yards, the children hardly knowing to which house they belong.

The symptoms of uncinariasis are those of anemia, the variety and character of which would depend upon the degree of infection. Stiles has divided the diseases into three types,—the mild, medium and severe,—and Claude Smith has advanced the idea that the symptoms and the degree of anemia present depend upon the antecedent number of attacks of "ground itch."

In the mild type, excepting a slight gastrointestinal disturbance, pallor, weakness and fatigue, there is nothing to attract direct attention to the disease.

In the medium type, to the above symptoms are engrafted those of a perceptible anemia, pallor of the skin and mucous membranes, increased pulse rate and palpitation of heart, increasing weakness and fatigue. It is in the third and severe type that the classical picture of hookworm disease is seen, and once observed, never forgotten. Here are present all the symptoms of a profound and ultimate anemia. The skin may vary in color from a waxy white to a lemon yellow and has a "washed-out" appearance. The features are contracted and resemble those of senility. Edema is always present and noticeable, and the "bloated," "tallow-face," puffed eyelids, swollen ankles and feet and "pot-belly," make a strikingly characteristic set of symptoms in this stage. The eyes are wavering and expressionless, and Stiles thought he was able to detect a certain "stare" which was so constantly present in the cases he examined, that he attached considerable importance to it from a diagnostic standpoint.

If infection takes place early in life and is continuous there would be delayed mental and physical development, the genitalia especially sharing in this retarded growth.

Gastro-intestinal disorders are prominent symptoms, and rarely absent. Constipation may alternate with diarrhea; the feces are reddish brown in color; umbilical gnawing, loss or preversion of appetite fairly constant. Geography is perhaps always present, but as the habit is usually denied, it is not always elicited. The temperature may be normal or slightly above, although many cases have been observed in which the skin was cold and the tempera-

ture sub-normal. Emaciation is always present.

PATHOLOGY.

The worms abstract blood from capillaries, minute cicatrices and thickening of the mucosa appearing at their points of attachment. The loss of blood from the body and the absorption of a supposed toxin elaborated by the parasite, of a hemolytic character, account for the anemia. As gastro-intestinal disturbances precede the anemia, it is reasonable to suppose that this toxin interferes with intestinal digestion which is so uniformly constant. The blood changes consist in the decrease of the erythrocytes, low hemoglobin and marked increase of the eosinophiles. The liver and kidneys have shown evidences of fatty degeneration. (Hare.)

I wish to thank the gentlemen who have furnished me with the following reports:

Dr. H. H. Niehuss, Wesson, Union County—Case 1. Coleman R.; white male; age 13; blonde; status praesens; pulse, 140 per minute; respiration, 34; temperature, normal; extreme anasarca; skin pale and anemic; mucous membranes, colorless; retarded physical development; mitral insufficiency. Specific gravity of urine, 1008; albumen and sugar, negative. Feces were reddish brown and contained blood—responded to the blotting-paper test.

Case 2. Done R.; white female, age 11; blonde. Symptoms and general condition identical with those of case No. 1.

Both of these patients died in a few days after I saw them. I was unable to obtain a history of "ground itch" or "dirt-eating" in either of the cases, and likewise a negative history in three other cases observed in the same family.

The accompanying photographs illustrate their condition a few days before death.

Dr. Elmore Rowland, Huttig, Union County—"Replying to your request for a report upon the presence of uncinariasis in my locality, I beg to report the following case which recently came under my care: Sam McK., age 22; white male; farmer by occupation; ill health of seven years duration. Has been in Texas for his health, but returned unbenefitted. Has been treated for chronic malaria without results. When he applied to me for treatment, I found him to be, "bloated" and anemic; skin yellow or sallow. He complained of being weak and tired. His appetite was lost, and there was gastro intestinal derangement. Liver and spleen enlarged and tender. An anemic mucus was audible. Urine normal. Temperature ranged between 99 and 100.5.

Suspecting uncinariasis, I made a bloodcount, and found erythrocytes 3,000,000; leucocytes 6,500, hemoglobin 19 per cent, and marked eosinophilia. Blotting paper test positive. Microscopic examination of the feces showed the ova of uncinaria. Thymol treatment was given with good results.

Dr. R. Y. Phillips, of Hot Spring County, writes as follows: "I have had only two cases of uncinariasis and they were of the medium type. Both of the cases were formed on sandy

soil. After thymol administration, they are improving."

Dr. Wm. Breathwit, Grant Co., writes as follows: Case No. 1.—A. G. aet. 24, white, male. Diagnosis uncertain until small white worms were found after a calomel purge followed by large doses of a saline. General condition: The patient had been sojourning in southern Texas for two years, returning to Arkansas in a very anemic condition, he consulted me for general anemia. Upon casual inspection the anemia was so striking as to be noticeable without a general examination; he was dropsical, and had been having muco-sanguinous stools at intervals for some months. Rectal examination revealed nothing; appetite ravenous; digestion fair; bowels alternating with constipation and diarrhea. I gave four small doses of calomel followed with saline to cleanse the bowels. The next day when I saw patient he had found such a great number of minute white worms that he was startled, saving his stool for my observation. I did not recognize the true nature of the condition, so put him on general iron tonic and looked up my text books and consulted one of my former teachers, and from a suggestion of his, and close examination of the worm, I arrived at the true diagnosis. Gave large doses of male fern and thymol followed with saline, repeating this treatment at two intervals in three months, when patient was given an iron tonic and discharged cured. He has remained so up to date.

Case No. 2.—J. B. aet. 6, female, white. History of ground itch; examination showing conditions still present; profound anemia; slight rectal prolapse; muco-sanguinous stools, probably from prolapse. Gave small doses of sulphate of magnesia until bowel was thoroughly emptied, liquid diet for twenty-four hours, then thirty grains of thymol in five capsules at two hour intervals followed with saline, which brought large numbers of the worms. The patient is yet under observation, and I fear is not free from the disease. I have another case coming under my observation on the 5th of May, showing all the prominent symptoms of the disease, but have not made close examination, therefore did not verify the diagnosis. This case I will report at some future date if my diagnosis proves correct.

Dr. N. W. Stewart writes as follows: Until Stiles published his report I had regarded hookworm disease as a medical curiosity in our country, but after reading this report some three years ago, and learning that a new species of the hookworm had been found in some parts of the South where the climatic and soil conditions were similar to that of our state, I commenced an investigation to ascertain if the disease actually existed here, and soon found that some of my anemic patients were the victims of the disease. I have found nearly all types of the disease in the southern part of Grant and the northern part of Cleveland counties. For obvious reasons the disease is not so prevalent, or so severe, as a rule, as it is south of the frost line. I have made frequent blood examinations and the lowest count showed 1,500,000 erythrocytes, with 20 per cent. hemoglobin. Poikilocytosis and eosinophilia have been noted in all cases



Case Two
SHOWING ADVANCED CASE OF UNCINARIASIS.

where the symptoms were of sufficient severity to cause the patient to seek my advice."

Dr. W. R. Hunt, of Coal Hill, Johnson County, writes: "I have had the opportunity of observing several cases in my locality, and have a new case under observation at present. Coal Hill is located in the mining regions of middle western Arkansas, and the soil is of a sandy nature."

Dr. L. Kirby of Harrison, reports a most interesting case from the standpoint of age. He says: "On July 9, 1905, a farmer and country merchant applied to me for treatment. He was about 40 years of age, and had been in ill health for some years. He had marked anemia, was dull, listless, unable to think and ate irregularly. At first I could not decide as to the cause of his condition, but thought of uncinariasis, examined the stools microscopically and found the ova of uncinaria. I gave him thirty grains of thymol, in two hours repeated the dose, then in two hours from last dose one ounce of epsom salts. Results were good, the man is now strong, and in good health. I did not make a blood count."

Dr. Chas. H. Cargile, of Bentonville, but who formerly resided in Clark County says: "Since I have known anything of uncinariasis I have not had a case of it, but have frequently reverted to two or three cases in my practice while I lived in Clark County that I quite strongly suspect more. They were "dirt-eating" children. As I now recall them they seemed to be possessed of a morbid craving for dirt. So great was this that the closest watching was necessary to break the habit. Anemia and lethargy mainly characterized them. Quite well do I remember that they did not respond to treatment. Since I have known of the clinical course of the disease and that cases of it have been found in several sections of the South I have wished I could have opportunity to apply known facts to those cases."

DISCUSSION.

Dr. Smith: The existence of uncinariasis in Arkansas is now settled beyond a doubt, while the extent of its distribution is to be determined in the future. That it exists to some extent in most of the counties in the southern and eastern portions of the state, I feel reasonably certain, and should there not be a confirmation of this belief in the reporting of many cases a year hence, I confess I should feel some disappointment. Union, my native county, has already furnished twelve cases, and, a knowledge of the general geographic conditions and a recollection of the striking cachexia of scores of persons in that district, justify the statement that twelve times that number could be reported. I recall two cases that died under treatment for chronic malaria. I know now they had uncinariasis, for afterward, I was able to diagnose the disease in other members of the families.

The reporter of Miller county stated in reply to an inquiry, that after an investigation he was unable to collect any cases, and expressed the opinion that, on account of the unfavorable soil conditions, he did not believe uncinariasis existed in the county. A few days after receiving this report I was called to examine a girl

fourteen years old for suspected pregnancy. The examination showed she was not pregnant, but on the contrary, infected with uncinariasis. The "pot-belly" was mistaken for the enlarged abdomen of a supposed five-months gestation. She had not the slightest mammary or genital development. She denied ever eating dirt, but said her brother who died a few years ago with "dropsy" ate it. Both had had "ground itch." This girl was born in Miller county, and excepting a residence of one year in or near Prescott, has never lived out of that county. What is true of Miller no doubt is true of many other counties from which negative reports were received. I have recently undertaken an investigation of the children of the Blind and Deaf Mute Institutes of Little Rock. The inmates of these institutions come from all portions of the state, and judging from an inspection which I made on the 4th inst., I expect to find some cases amongst them. I see Dr. Breathwit present, and as I understand he has observed several cases in Grant County, I should be glad to hear his report.

—X—

ADDRESS BY DR. MATHEWS.*

With remarks by C. C. Stephenson, Chairman.

At 8 p. m. Dr. C. C. Stephenson, rapped for order, and introduced the speaker as follows: "Ladies and gentlemen, a pleasure has come to me this evening that very rarely comes to a member of our beloved profession. The distinguished honor and privilege of introducing to you an ex-president of the grandest organized body of thinkers in the United States, or really, in the world, is a pleasure which very rarely comes to one of our beloved profession. It is a distinction any man might be proud of, who belongs to the medical profession. To introduce a man who has lifted himself by his great learning to be the president of the American Medical Association, it is an honor as well as a privilege.

When I was assigned this duty, I was reminded of a little occurrence that took place about two years ago. I attended a banquet at the Scottish Rite Consistory in the City of Little Rock that was given to Scottish Rite Masons and their wives. I was put down to respond to a toast. I told the toastmaster that I didn't believe that I could do full justice to the subject that was assigned to me. I got up and started off about this way: "Mr. Toastmaster, Ladies and Gentlemen, I told the toastmaster this evening when I was assigned the duty of responding to this toast that I didn't believe that I could do the subject justice."

About that time I noticed a gentle pulling on my coat-tail. I turned slightly around and my wife drew my attention. I stooped over to hear what she had to say, and this was the advice she gave, "You have made a decided success. Sit down!" (Applause.)

In introducing this gentleman from Kentucky, I am reminded of a little story that I

* Note.—Address delivered by Dr. J. M. Mathews before the Arkansas Medical Society, May 9, 1906, and ordered published in the first issue of The Journal by the unanimous vote of the House of Delegates.

read a few days ago. Four or five gentlemen met in a distant city; one was from Illinois, one was from Iowa, one was from Tennessee, one from Mississippi, and another from Kentucky. After introducing themselves to one another, they naturally wanted to know where each hailed from. The gentleman from Illinois said, "I am from the grandest state in the United States. I am from the state that claims Abraham Lincoln!" The gentleman from Iowa said, "I am from a state greater than Illinois. I am from a state that grows grain enough to feed the United States."

The gentleman from Mississippi said, "I am from a state greater than either of those. I am from a state that claims Jefferson Davis." (Applause) The gentleman from Tennessee said: "I am from a state that is greater than any of the three named. We claim old Hickory!" The gentleman from Kentucky said nothing, for a while. But after pausing a moment he said: "I presume you would like to know where I am from?" "Well," they said, "that corkscrew you have protruding from your pocket, is perhaps good enough introduction for you."

The Kentuckian said: "I have been listening to you gentlemen boasting and telling where you are from, and it reminds me of a dream that I had last night. I dreamed that I died and went to heaven, and when I got up there, there were some gentlemen in front of me. One of them knocked on the door and Saint Peter said: "Who is that?" The gentleman said: "I am John Smith from Illinois. I am from the state that claims Abraham Lincoln." "All right; walk in and be seated." Presently, another one knocked. St. Peter said, "Who is that?" "Joe Brown, I am from Iowa." "All right; walk in without any formalities, and be seated." Presently another knock. "Who is that?" "James Johnson, I am from Mississippi. We have Jefferson Davis as our great citizen." "Walk in and have a seat." The gentleman from Tennessee knocked, and said, "I come from Tennessee, the home of Andrew Jackson." "All right, walk right in." The gentleman from Kentucky said: "I stood there a little while in confusion, not knowing what to do. Finally I knocked and St. Peter asked, 'Who are you?'" "I am Bill Jones, from Kentucky." "Well, I am mighty sorry; but we can't let you in here at all, sir." "Well," I asked, "Why?" "Well, sir, heaven is a place to better the condition of all who enter; you being from Kentucky, we cannot better your condition at all!" (Applause.)

Ladies and Gentlemen, the Arkansas Medical Society has for its guest one of the most distinguished men in the United States. I have the pleasure to-night of presenting to you, Dr. Joseph M. Mathews, of Louisville, Kentucky, who will address you. (Prolonged applause.)

When quiet was restored, Dr. Mathews spoke as follows:

Mr. President, Ladies and Gentlemen:

It is a great pleasure for me to be with you tonight. When I received your kind invitation to be one of your number and deliver an address on this occasion, I did not hesitate

a moment; but determined that I should at least have a talk with you. Assembled here this evening as we are, it has a peculiar significance to me, for I see before me men of distinction, men who have achieved fame in the medical profession, that I have attempted to teach in the past—my students of medicine and surgery. Besides that, I have sitting by my side a gentleman who takes me back many years in my professional life, and my mind travels in retrospective to the days when I was a boy and that was a long time ago! Therefore it is with special pleasure that I am standing tonight with my friends, my students and my life-long friend, Dr. Keller. (Applause.)

I wondered when your secretary wrote me, what kind of address I could prepare that would be acceptable. I knew that the scientific part would be taken care of by the distinguished physicians of your state, therefore, I did not want to bore you by attempting to do something that they could do so much better than I could. So, I determined to take you into my confidence tonight and have a heart to heart talk with you about matters in which you are concerned, and I am concerned. I scarcely know what caption to give my talk. Sometime ago a gentleman who had written a book of fiction told me that he never named a book until after it was finished; so possibly you may find some appropriate name for my talk at its conclusion. For want of a better title I have styled it, "Man as he really is."

There are two or three main points to which I wish to call your attention. Let us consider for a moment:

- (1.) The true nature and character of man.
- (2.) What controls and molds such?
- (3.) Our judgment of men in accordance to facts.

- (4.) Has man a dual nature?

My theories may conflict with your preconceived ideas, but I ask you to bear with me till I conclude, and let us base our judgment in the beginning only upon the evidence that I will try to make plain. Let us consider our duty as citizens, parents, judges, doctors and ministers in this matter.

In dealing with men as citizens we have a wonderful responsibility. Oliver Wendell Holmes said: "It takes three generations to make a gentleman," and from my personal experience I can say that in some instances, I believe it will take more than this. In dealing with children the parent has a tremendous responsibility. Character forming begins in the cradle, and the good parent may be handicapped by the part played by inheritance on the one side. Heredity and environment are fraught with influence. The child may be controlled by love or dominated by hate; may have good tendencies or bad ones; may manifest affection or marked brutality; may be full of faith or correspondingly suspicious and distrustful; may be affable or sour; generous or close fisted; brave or a coward; truthful or of lying tendency, forgiving, or unrelenting. Of the physical traits,

insanity and other disease may be present. Insanity may be made to include the peculiar people, the eccentric people. In this day and generation we often speak of the great white plague as the one disease to be guarded against for the sake of the individual, for the sake of the family, for the sake of the country; and we have now many institutions and many bright minds directing their attention to the matter of caring for and protecting us against the spread of this dreaded malady; but, we as doctors know, it is insignificant when compared to others that could be mentioned. I shall take pleasure in counseling with you freely, and shall be guided by no false modesty when I am talking about dangers that threaten the lives of our people and the future welfare of our children. If it be true that there are other diseases with which consumption or tuberculosis can scarcely be called in the same breath, we should cry aloud and warn the people. If we were to say to the citizens of this place that there were let loose close to your beautiful city two wild African lions, that had totally destroyed one city, were descending here to destroy this one, what a scramble there would be to get out of Hot Springs! When it is reported that yellow fever is lurking in New Orleans, what a stampede there is to get away. There is a disease, more terrible than yellow fever or consumption; that is destroying and has destroyed hundreds of thousands of our citizens, and which bears with it often a stigma of disgrace. Then, I say it is false modesty if we do not tell our people that this is true. If it is a fact that this appalling condition exists, is it not the duty of the physicians, and would we not be recreant to our trust and the confidence placed in us, if we did not boldly, defiantly and unsparingly expose the danger lurking around us and warn the public against it? This so called unspeakable and monstrous disease is born often in the giving in marriage, and yet if we but raise our voices to tell you that marriage should be controlled by law, what a storm of opposition is elicited? The citizens would be arrayed against us, we would be counted cruel, would be laughed and scoffed at. In the State of New York there is now pending before the Legislature a bill, to prevent the marriage of imbeciles and some others. I think it is a duplicate of the law of New Jersey that prevents the marriage of imbeciles and also of the insane. Well, that is very good as far as it goes, but it does not go far enough, for I would include other diseases in said bill. Before these men and these women afflicted with the disease in question could be allowed to marry, I would have them passed by a board of competent medical examiners, and their verdict should control. I believe if this were the rule thousands of our fair daughters would be saved from marriages destructive of their happiness; homes that are made desolate by disease and waste would be protected; and, yet, as I say, people hold up their hands in horror at the mere mention of the suggestion. I believe the time will come when marriage will be controlled by law. I know it is a serious matter, and it may ap-

pear a ludicrous thing to you to hear a man make a statement like this; but could we take you into our full confidence and tell you the things we know, I feel sure your views on the subject would be greatly modified and your opinion made more tolerant. I am sure there is not a doctor sitting before me that does not approve the declaration that I have made.

It was always strange to me that if one wished to buy a horse or a cow or a dog, they would investigate its pedigree; yet if a daughter wished to marry it would be terribly improper to look into the man's character, his family history, and antecedents.

Huxley says: "Every day experience familiarizes us with the facts which are grouped under the name of Heredity. Every one of us bears upon him, obvious marks of his parentage, perhaps of remoter relationships. More particularly the sum of tendencies to act in a certain way which we call character is often to be traced through a long series of progenitors and collaterals." So we may justly say that this character, this moral and intellectual essence of a man does veritably pass over, from one fleshly tabernacle to another and does really transmigrate from generation to generation.

In the new-born infant, the character of the stock lies latent, and the Ego, is little more than a bundle of potentialities; but very early these become actualities. From childhood to age, they manifest themselves in dullness or brightness, weakness or strength, viciousness or uprightness; and with each feature modified by confluence with another if by nothing else. The character passes on to its incarnation in new bodies. The fit propagation of the species is taught by the law of heredity; the cross-fertilization of flowers, the intermixture of grains, the grafting of orchards, the cross-breeding of animals, are guides in the study of all human kind, the proper study of all men. Whenever a special characteristic is discovered in one at variance with the pedigree, look further and the cause will be found. Eccentricities are accounted for in the same manner and criminal proclivities often crop out in the most delicate and refined. Under many an immaculate shirt front is concealed the venom of a serpent. In the man of gentle manners, of sweet voice, there may be traits so demoniacal as would startle society. Men may be "hoggish" and yet appear saints, and, young ladies, "You can't make a silk purse out of sow's ears." (Laughter and applause.)

A good deal has been said about race suicide, and of its prevalence being the bane of civilization; but to my mind it depends altogether about whom you are talking. As to the class that I am referring to, God hasten the day when race suicide shall be made perfect and complete, and no children born of such.

Then, if by heredity we have fallen heir to the conditions that I have mentioned, we should consider the subject severely. Some believe that environment is a more potent factor in character building than any other influence, and in this connection I cannot help call your attention to the tremendous influence

for evil in dwarfing the life of the young people of our nation by the employment of children in the factories and elsewhere. They take them as soon as they are able to work, when they should be going to school, and compel them to earn wages, and they early become familiar with the seamy side of an unfriendly world. The pernicious influence of this custom upon the life and character of humble families can never be estimated. To my mind it is an abomination and should not be permitted in a free and enlightened country like ours. God speed the hour when child labor shall cease!

I say, then, that society is responsible for its bad civilization, including criminals and moral lepers. The criminals are made by the workings of our civilization and false ideas as to the proprieties. A man known to be a moral leper is allowed to be introduced to your girls; he is allowed to enter the family circle, although his reputation be vile. He is petted and caressed; he is made much of and invited to call again, yet his sin is known to all. Still, if the same things happen to a daughter, she is to be ostracized; she is to have her sins heaped upon her, to be reproached and shunned, and no tender word of sympathy or forgiveness ever gladdens her ears. She is doomed to be an outcast and a wanderer, while the wily scoundrel and moral leper, who is responsible for her misery and degradation, is countenanced in your home, and allowed to visit your family at his own sweet will. Is this right? IS THIS RIGHT?

Are we not responsible, then, for the bad condition of affairs that surround us? Are we not to blame for permitting these untoward conditions to exist? Go to your doctor and ask him if you are not informed, and he will tell you honestly and truthfully, his opinion. When you are warned, be sure and take heed.

Raise a boy in crime and he will be a criminal; for we are much what heredity and environment make of us. We visit our sloughs and slums as curiosities. I have seen ladies and gentlemen during their trips to the Five Points or the Five Dials; they went to satisfy their curiosities. What a morbid mind indeed. Better tremble and be afraid, for in just such surroundings criminals of the vilest type are growing up; anarchists are in course of preparation for a career of vice and crime. Would that these cancers on our civilization might be blotted out. You are giving countenance to it by your listlessness and lack of investigation and interest. Environment and example mould and shape the character and action of the young from day to day, and their influence cannot be overestimated. I had a simple illustration of this in my hospital sometime ago. There was a mother there with her little daughter of three years, a little tot with bright eyes and golden curls. She had been sick a long time; she was just convalescent enough to want something to eat and called upon the nurse in attendance to get it for her. Presently this daughter repeated her request to her mother. "Nurse is going to get it for you" was the reply. She

waited of course, loving the nurse, thinking a great deal of her; but pretty soon she renewed her request. "Mamma, I want something to eat." "Nurse has gone to get it for you," replied the mother. "Well," said the little girl, "Nurse is all right; but she is d—m slow!"

Let us educate the masses, not the few. Better have all with a little learning than a few with much. A good common school system is productive of more good than any other agency. They should be looked after by conscientious and competent officers, who will perform their duty fearlessly. The part that hygiene plays is not to be ignored. A good bath and good bread are great promoters of good. Give them surroundings that will promote their well being and tend to higher ideals. Give them influence and associations that will make character. Then will law and order and good social conditions prevail. A kind word or expression of appreciation often serve to change the disposition and action of bad boys, and make them bright and enthusiastic, and filled with ambition to excel in their chosen life work.

A lady writer once said to me: "Do you know that a woman's feelings are controlled by the kind of clothes she wears?" Let us make a note of it and wear clean clothes at least.

Now just here in passing, let us give a little advice to the ministers of the gospel. They are continually offering us advice, therefore we may plead that "turn about is fair play," and venture to give them some. If I am warranted in this, let me ask our ministerial friends to quit this uniting children—infants—in marriage. Stop this work of marrying young people without the consent of their parents. It is a common occurrence for the daily press to report that a miss of 14 years, ran off with a boy 17 or 18 years of age and were married. The parents were in hot pursuit, but the fleeing couple "got there just the same" and this through the connivance of a minister! Don't you believe that the good old mother and good old father knew of some good reason why that daughter—that young and innocent girl—should not be united in marriage? But is that ever taken into consideration? The minister should not be actuated entirely by the prospect of a fee for his services. He does not see the fearful consequences of uniting an innocent girl to a designing villain, or to a mental weakling, or diseased person.

In the name of justice, then, I say don't do it. For the sake of morality and the control of disease forbid the bans. Join hands with the medical profession in the effort to stamp out the rottenness in society. Help us to protect the fair maidens, or posterity will cry out against you.

We are both good and bad. Each trait of character crops out at stated intervals. Some are good; some are bad. This leads us to consider one of the other points in my talk. Have we a dual nature and have we both of these natures under our control? Can the bad

be rejected and the good be made to stand out?

Homo duplex! Homo duplex! Writes Alphonse Daudet: "The first time I perceived that I was two, was at the death of my brother, when my father cried out: 'He is dead; he is dead!'" While my first self wept, my second self thought."

The dualism of man's nature has been taught and believed from time immemorial. The good in us and the bad in us is pointed out as proof of it. Soul and body, the admittance of which would prove a dual nature; for oftentimes they are at war with each other and have but little in common. We often speak of hidden traits of character. What does this mean if not to assert that one is two? Religion, fiction, and science all claim recognition of the fact? The lives of saints and sinners are filled with records of indwelling monitors and tempters. It is an everyday expression "I would like to, but my conscience won't let me." What but a duality? And which should govern; for one has the equal right to claim supremacy.

Edgar Allen Poe—that melancholy man in the narrative of William Wilson, portrays a man and his double. The Modern Society for Psychical Research, believes that two personalities may co-exist in the same body, one dormant, while the other is active; and two or more trains of memory, of feeling, and of will, may proceed from one brain. Shakespeare hints as much when he says, "We are such stuff as dreams are made in, and our little life is rounded with a sleep."

The case of Ansel Bourne, a preacher of Rhode Island, is well known and authenticated. He went to Providence one morning, and drew a large sum of money from the bank. He suddenly disappeared and for a long time no trace of him could be had. In the meantime a man calling himself A. J. Brown, arrived in Morristown, Penn., and opened a store. After six weeks he awoke one morning and discovered that he was in a strange place, and upon asking for an explanation a neighbor told him that he was Brown. The man did not remember any such person, but told who he was and went back to his former home.

A case that is well known to the doctors in Southern Kentucky, is that of a man who received an injury to his head and lost his reason. He lived with his family for a number of years in this condition. An operation by trephine was done, and for the first time in years he recognized his family. Who was he during the interim?

Robert Louis Stevenson, that weird writer, has portrayed this dual life in his most wonderful book, "Dr. Jekyll and Mr. Hyde." Dr. Jekyll—young, tall, erect, clear cut features, eyes indicating a solemn disposition, of suave manner, of gentle breeding, dress plain but neat, voice sweet and soothing in effect, intelligent and pleasing withal.

This man, full of sympathy and good will for his fellow man, went about comforting those in distress, administering to the sick

and afflicted and giving his service free to the poor, whom he loved and pitied. In a word, he was the ideal doctor.

By the taking of some strange drug, his whole personality was changed and he became a monster in human form, known as Mr. Hyde: hideous in appearance, bent in form, distorted features, shaggy hair, eyes sunken and sullen, manner degrading and disgusting, walk tottering and weak and tastes that befitted the animal rather than the human, voice guttural and harsh, and altogether a being to be abhorred and detested. Like Richard III, the dogs barked at him as he passed. Sullen and treacherous in disposition he betrayed his friends and crushed his enemies. He delighted to prowl in the darkness of the night and the flashing of lightning or the peal of thunder gave him delight. He gloried in seeing others suffer, and the sight of blood or the groans of his victims caused him to laugh in glee. "Look you upon this picture, then upon that."

Some scientist has said that every human being lives a double life. Are we indeed all Dr. Jekylls and Mr. Hydes? We scorn the idea; but let us see if there is not a scintilla of truth in the assertion. The study of psychic nature opens a wide field for investigation. The "transmigration" theory may play a part here, and to a degree excuse us. If indeed we were a mule or a bat in some other world, it may be that we have not, altogether shaken off our real dispositions here. Dr. Jekyll, we are told, took a drug that effected this wonderful transformation. Do we take drugs? Or is it necessary to take drugs to evidence this dual life? Many a man is a veritable Mr. Hyde to his family—cruel, unkind, fault finding, inconsiderate and mean to his wife and children at home, but on the outside he is kind and pleasant, affable and good natured! Applause.)

Much as we may deny it, our children are taught from early infancy to lead a double life. Deception is instilled into them from the cradle. No wonder, then, that it follows them to the grave. Children are often taught by example to deceive at an early age.

Uriah Heap with his cold, sleek, clammy hands, perhaps was schooled in deception; and Oliver Twist would have remained the type of Jekyll unless transformed to a Hyde by Fagin. Little Lord Fauntleroy yearned to cut his curls and romp with the other boys. Bill Sykes, perhaps only showed his true nature, but mayhap there were times that he was kind, not cruel, to Nancy Sykes and the dog. Dime novels have done much to make little devils out of our sainted sons. We all have heard of so called ministers of our sainted gospel wearing sheeps clothes. It is proverbial that some of the world's worst criminals might be taken for gentlemen of the 'Cloth,' and not the "Green Cloth" either! (Applause.)

I defy you to go into our prisons and pick out the guilty ones. The one with the most pleasing exterior may be the most confirmed Mr. Hyde. The slick and smooth citizen is known by his polished manners. Call to mind Iago and Me-

phistopheles. The uncouth and blunt man is often the kindest hearted.

Are women ever Dr. Jekylls and Mr. Hydes? Be it far from me to intimate or cast a slur upon the sex for which I have such reverence. Women are better than men, purer in thought, gentler in manner, and more to be admired. Thy make this life worth the living and add a charm to everything they touch. Their very presence brings fragrance, as do the flowers of spring; their sympathy is a lullaby to pain and distress; and their prayers a benediction!"

But history has given us some notable examples of a dual life among these, God's elect. Lady Macbeth in all her statuesque beauty, could hold the dagger without a tremor, and order it plunged into a human heart. Elizabeth with all her attractiveness of person, could see the head drop from the guillotine, with utmost composure!

You will permit me to cite you to certain traits of character of men in our profession, which should dub them Mr. Hyde, rather than a Doctor Jekyll, whose character we should try to emulate. Viz.:

- Deceit and Hypocrisy.
- Envy and Jealousy.
- Slander.
- Back-biting.
- Sarcasm.
- Lying.
- Bearer of Tales.
- Flattery.
- Neglect of patients.
- Surgical operations for self reputation.
- Seeking popularity at the expense of honor.

The telling of secrets.

As doctors, are we honestly and ardently striving for a better condition of society? Have we any jealousies? Are we envious of one another? Sometimes this is true, and it is a shame that it should be so. Is it true that any of us are fickle and back-biting? Do we perform our duty in a half hearted way? Do we ever indulge in sarcasm? Are we ever guilty of deception? Do we sometimes flatter? Do we neglect the patients entrusted to us? Do we perform surgical operations for pelf or reputation? Are we telling secrets or giving out information that might do harm? Do we by "wink or nod" or supercilious look, damn with faint praise meritorious work?

Let us rather supplant these with the characteristics of Dr. Jekyll; viz.: truth, faithfulness, pity, kind words, covering slander, duty, charity, honesty, secretiveness. Let us know ourselves. Without this information we will be mere shuttlecocks, swayed by every wind. The doctor's life makes a man, a real man. Quiet, of even spirit, trained heart and educated mind, he is invulnerable. Idleness and ease never produced a great man; but instead ends in worry, bluster, fretting, fault-finding, hurrying, slander, hate, dissipation, despair, envy, malice and revenge!

Adverse criticism is a stimulant to action. Don't court it, but accept it in silence with a determination to prove it false. Calmness is the greatest attribute that we can possess. First "know ourselves" and then "govern our-

selves." The boisterous, tempestuous nature never accomplishes anything. It does not inspire confidence, and without this on the part of our patients, all our efforts will be in vain. If at any time the attributes of Mr. Hyde which may lurk in our nature show their presence, we should conquer them before they come to the surface. Let us be calm and tranquil in all our undertakings. To the man who is calm, revenge is so far beneath him that he cannot reach it, even by stooping. When injured he does not retaliate, but waits for time and truth to rectify the wrong. He wraps around him the royal robes of calmness and envy and injustice sneak away.

Where the gray heron is pursued by its enemy, the eagle, it does not run to escape; it remains calm, takes a dignified stand and waits, quietly facing the enemy, unmoved. With the terrific force with which the eagle makes its attack, the boasted king of birds is often impaled and run through on the quiet bill of the heron. The means that man takes to kill another's character becomes the suicide of his own. Don't let us misjudge our fellow man and thereby do him an injustice. You can no more judge a character by outside appearances than by the kind of clothes one wears.

There is an old Latin maxim which reads: "Nothing concerning the dead unless it be good." Why not let it apply to the living? A bouquet to the live man is worth bushels of flowers to a dead one! (Applause.)

Many a warm and tender heart beats beneath a rough exterior.

"WHEN JIM WAS DEAD."

"Hit sarved him right," the nabers said,
An bused him for the life he'd led;
An him a-lying thar at rest,
With not a rose upon his breast!
Ah! many cruel words they sed

When Jim was dead.

"Jes' killed hisself" "Too mean ter live,"
They didn't have one word to give
Of comfort, as they hovered near
An gazed on Jim a-lying there!
"There ain't no use to talk" they sed,
"He's better dead."

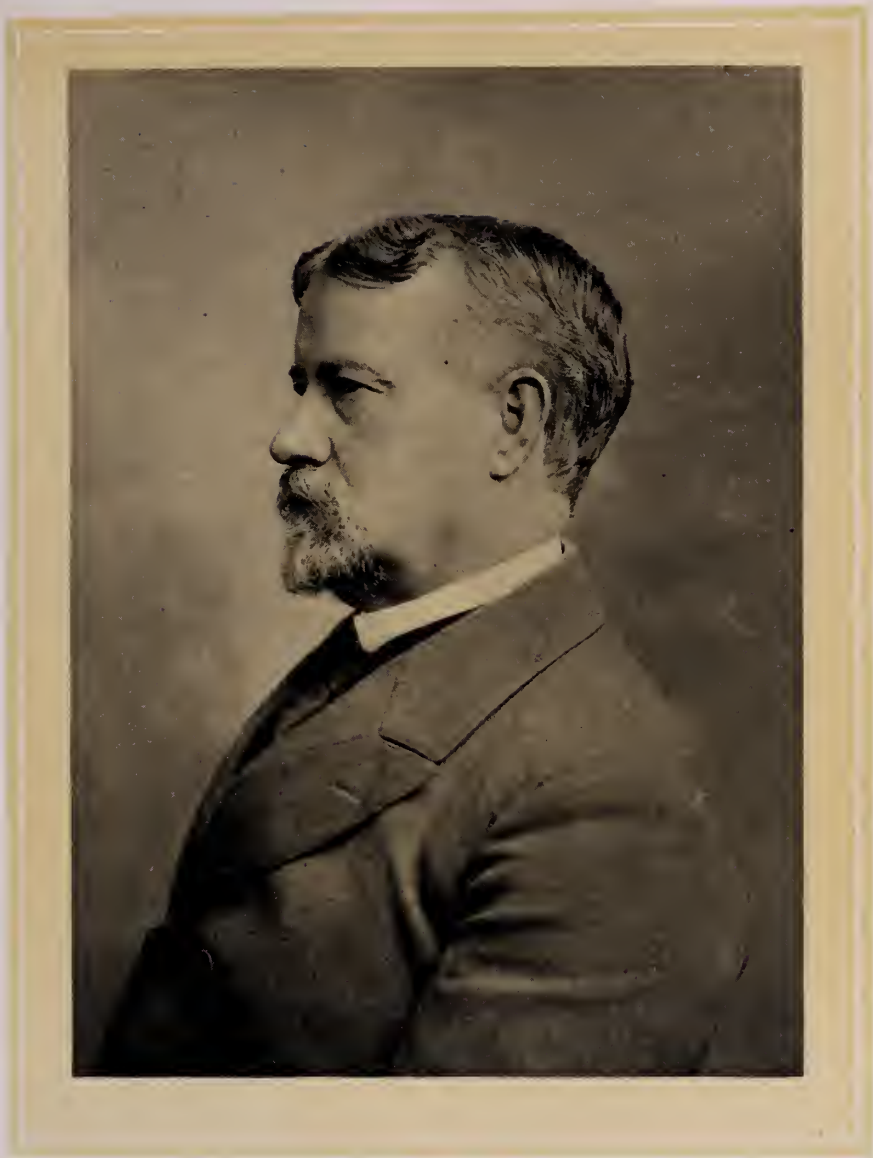
But suddenly the room growed still,
While God's white sunshine seemed ter fill
The dark place with a gleam of light,
An o'er the dead she bent—Jim's wife!
An with her lips close, close to his,

As though he knew an' felt the kiss.
She sobbed,—a touchin' sight to see,
"Ah, Jim was always good ter me."
I tell you when that cum ter light,
It kinder set the dead man right;
An' round the weepin' woman they
Threwed kindly arms of love that day,
And mingled with her own, they shed

The tenderest tears.

When Jim was dead!

Dr. Stephenson: Doctor Mathews, in behalf of the members of the Arkansas Medical Society, who feel highly honored in having you as their guest, and of this audience which has been delighted to hear you this evening, we thank you for this hour's address.



DR. JOSEPH M. MATHEWS,
Ex-President American Medical Association,
Louisville, Ky.
Guest Arkansas Medical Society, Annual meeting Hot Springs,
May 8-9-10, 1906.

PROPOSED CONSTITUTION AND BY-LAWS.*

Article I.—Name of the Society.

The name and title of this organization shall be the Arkansas State Medical Society.

Article II.—Purpose of the Society.

The purposes of this Society shall be to federate and bring into one compact organization the entire medical profession of the State of Arkansas, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; and to enlighten and direct public opinion in regard to the great problems of state medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life.

Article III.—Component Societies.

Component Societies shall be those county medical societies which hold charters from this Society.

Article IV.—Composition of the Society.

Section I. This Society shall consist of Members, Delegates and Guests.

Sec. 2. Members. The members of this Society shall be the members of the component county medical societies.

Sec. 3. Delegates. Delegates shall be those members who are elected in accordance with this Constitution and By-Laws to represent their respective component societies in the House of Delegates of this Society.

Sec. 4. Guests. Any distinguished physician not a resident of this State, who is a member of his own State Society, may become a guest during any Annual Session on invitation of the officers of this Society, and shall be accorded the privilege of participating in all the scientific work for that Session.

Article V.—House of Delegates.

The House of Delegates shall be the legislative body of the Society, and shall consist of: (1) Delegates elected by the component county societies; (2) the Councilors; and (3) ex-officio, the President and Secretary of this Society.

Article VI.—Council.

The Council shall consist of the Councilors, and the President and Secretary, ex-officio. Besides its duties mentioned in the By-Laws, it shall constitute the Finance Committee of the House of Delegates; six Councilors shall constitute a quorum.

Article VII.—Sections and District Societies.

The House of Delegates may provide for a division of the scientific work of the Society into appropriate Sections, and for the organiza-

*Note.—At the meeting in 1905 a resolution was introduced providing for the adoption of the "Revised Constitution and By-Laws" in place of the one governing the Society at present. This resolution laid over one year, and at meeting 1906 the matter was brought up and the House of Delegates appointed a committee to fill in blanks and report. This is a full report of their labors and will come up at next meeting for consideration.

tion of such Councilor District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies.

Article VIII.—Sessions and Meetings.

Section 1. The Society shall hold an Annual Session, during which there shall be held daily General Meetings, which shall be open to all registered members and guests.

Sec. 2. The time and place for holding each Annual Session shall be fixed by the House of Delegates.

Article IX.—Officers.

Section 1. The officers of this Society shall be a President, three Vice-Presidents, a Secretary, a Treasurer and ten Councilors.

Sec. 2. The officers, except the Councilors, shall be elected annually. (The terms of the Councilors shall be for two years, those first elected serving one and two years, as may be arranged, so that after the first five Councilors shall be elected annually to serve two years.) All these officers shall serve until their successors are elected and installed.

Article X.—Reciprocity of Membership with Other State Societies.

In order to broaden professional fellowship this Society is ready to arrange with other State Medical Societies for an interchange of certificates of membership, so that members moving from one state to another may avoid the formality of re-election.

Article XI.—Funds and Expenses.

Funds shall be raised by an equal per capita assessment on each component society. The amount of the assessment shall be fixed by the House of Delegates, but shall not exceed the sum of \$2.00 per capita per annum, except on a four-fifths vote of the delegates present. Funds may also be raised by voluntary contributions, from the Society's publications, and in any other manner approved by the House of Delegates. Funds may be appropriated by the House of Delegates to defray the expenses of the Society for publications, and for such other purposes as will promote the welfare of the profession. All resolutions appropriating funds must be referred to the Finance Committee before action is taken thereon.

Article XII.—Referendum.

Section 1. A General Meeting of the Society may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such questions to the members of the Society, who may vote by mail or in person, and, if the members voting shall comprise a majority of all the members of the Society, a majority of such vote shall determine the question and be binding on the House of Delegates.

Sec. 2. The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

Article XIII.—The Seal.

The Society shall have a common Seal, with

power to break, change or renew the same at pleasure.

Article XIV.—Amendments.

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous Annual Session, and that it shall have been published twice during the year in the Bulletin or journal of this Society, or sent officially to each component society at least two months before the meeting at which final action is to be taken.

BY-LAWS

Chapter I.—Membership.

Section 1. The name of a physician on the properly certified roster of members of a component society, which has paid its annual assessment, shall be *prima facie* evidence of membership in this Society.

Sec. 2. Any person who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall not be entitled to any of the rights or benefits of this Society, nor shall he be permitted to take any part in any of its proceedings until he has been relieved of such disability.

Sec. 3. Each member in attendance at the Annual Session shall enter his name on the registration book, indicating the component society of which he is a member. When his right to membership has been verified, by reference to the roster of his Society, he shall receive a badge, which shall be evidence of his right to all the privileges of membership at that Session. No member shall take part in any of the proceedings of an Annual Session until he has complied with the provisions of this section.

Chapter II.—Annual and Special Sessions of the Society

Section 1. The Society shall hold an Annual Session at such time and place as has been fixed at the preceding Annual Session by the House of Delegates.

Sec. 2. Special meetings of either the Society or of the House of Delegates shall be called by the President on petition of twenty delegates or fifty members.

Chapter III.—General Meetings.

Section 1. All registered members may attend and participate in the proceedings and discussions of the General Meetings and of the Sections. The General Meetings shall be presided over by the President or by one of the Vice-Presidents, and before them shall be heard the address of the President and the orations, and such scientific papers and discussions as may be arranged for in the program.

Sec. 2. The General Meeting may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and public.

Chapter IV.—House of Delegates.

Section 1. The House of Delegates shall meet on the day before that fixed as the first day of the Annual Session. It may adjourn

from time to time as may be necessary to complete its business, provided, that its hours shall conflict as little as possible with the General meetings. The order of business shall be arranged as a separate section of the program.

Sec. 2. Each component county society shall be entitled to send to the House of Delegates each year one delegate for every 25 members, and one for each major fraction thereof, but each component society which has made its annual report and paid its assessment as provided in this Constitution and By-Laws, shall be entitled to one delegate.

Sec. 3. A majority of the members registered shall constitute a quorum.

Sec. 4. It shall, through its officers, Council and otherwise, give diligent attention to and foster the scientific work and spirit of the Society, and shall constantly study and strive to make each Annual Session a stepping stone to future ones of higher interest.

Sec. 5. It shall consider and advise as to the material interests of the profession, and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and enforce all proper medical and public-health legislation, and to diffuse popular information in relation thereto.

Sec. 6. It shall make careful inquiry into the condition of the profession of each county in the State, and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality, and shall continue these efforts until every physician in every county of the State who can be made reputable has been brought under medical society influence.

Sec. 7. It shall encourage post-graduate and research work, as well as home study, and shall endeavor to have the results utilized and intelligently discussed in the county societies.

Sec. 8. It shall elect representatives to the House of Delegates of the American Medical Society in accordance with the Constitution and By-Laws of that body.

Sec. 9. It shall divide the State into Council Districts, specifying what counties each district shall include, and, when the best interest of the Society and profession will be promoted thereby, organize in each a district medical society, and all members of component county societies shall be members in such district societies. When so organized, from the presidents of such district societies shall be chosen the Vice-Presidents of this Society, and the presidents of the county societies of the district may be the vice-presidents of such district societies.

Sec. 10. It shall have authority to appoint committees for special purposes from among members of the Society who are not members of the House of Delegates. Such committees shall report to the House of Delegates, and

may be present and participate in the debate on their reports.

Sec. 11. It shall approve all memorials and resolutions issued in the name of the Society before they shall become effective.

Chapter V.—Election of Officers.

Section 1. All elections shall be by ballot, except where there is only one candidate, where it may be by acclamation, and a majority of the votes cast shall be necessary to elect.

Sec. 2. The report of the nominating committee and the election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the morning of the last day of the General Session.

Sec. 3. Any person known to have solicited votes for or sought any office within the gift of this Society shall be ineligible for any office for two years.

Sec. 4. Delegates shall not be eligible for election to any of the offices named in the Constitution, except that of councilor.

Chapter VI.—Duties of Officers.

Section 1. The President shall preside at all meetings of the Society and of the House of Delegates; shall appoint all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged, and perform such duties as custom and parliamentary usage may require. He shall be the real head of the profession of the State during his term of office, and, as far as practical, shall visit by appointment the various sections of the State, and assist the councilors in building up the county societies, and in making their work more practical and useful.

Sec. 2. The Vice-President shall assist the President in the discharge of his duties. In the event of the President's death, resignation or removal, the Council shall select one of the Vice-Presidents to succeed him.

Sec. 3. The Treasurer shall give bond in the sum of \$1000.00. He shall demand and receive all funds due the Society, together with bequests and donations. He shall pay money out of the Treasury only on a written order of the President, countersigned by the Secretary; he shall subject his accounts to such examination as the House of Delegates may order, and he shall annually render an account of his doings and of the state of the funds in his hands.

Sec. 4. The Secretary shall attend the General Meetings of the Society and the meetings of the House of Delegates, and shall keep minutes of their respective proceedings in separate record books. He shall be ex-officio Secretary of the Council. He shall be custodian of all record books and papers belonging to the Society, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Society which come into his hands. He shall provide for the registration of the members and delegates at the Annual Sessions. He shall, with the co-operation of the secretaries of the component societies, keep a card-index register of all the legal practitioners of the State by counties, noting on each his status in relation to his county society, and, on

request, shall transmit a copy of this list to the American Medical Association. He shall aid the Councilors in the organization and improvement of the county societies and in the extension of the power and usefulness of this Society. He shall conduct the official correspondence, notifying members of meetings, officers of their election and committees of their appointment and duties. He shall employ such assistants as may be ordered by the House of Delegates, and shall make an annual report to the House of Delegates. He shall supply each component society with the necessary blanks for making their annual reports; shall keep an account with the component societies, charging against each society its assessment, collect the same, and at once turn it over to the Treasurer, taking his receipt therefor. Acting with the Committee on Scientific Work, he shall prepare and issue all programs. The amount of his salary shall be fixed by the House of Delegates.

Chapter VII.—Council.

Section 1. The Council shall meet on the day preceding the Annual Session, and daily during the Session, and at such other times as necessity may require, subject to the call of the chairman, or on petition of three Councilors. It shall meet on the last day of the Annual Session of the Society to organize and outline work for the ensuing year. It shall elect a chairman and a clerk, who, in the absence of the Secretary of the Society, shall keep a record of its proceedings. It shall, through its chairman, make an annual report to the House of Delegates.

Sec. 2. Each Councilor shall be organizer, peacemaker and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exists; for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual written report of his work and of the condition of the profession of each county in his district at the Annual Session of the House of Delegates. The necessary traveling expenses incurred by such Councilor in the line of the duties herein imposed may be allowed on a proper itemized statement, but this shall not be construed to include his expense in attending the Annual Session of the Society.

Sec. 3. The Council shall be the board of censors of the Society. It shall consider all questions involving the rights and standing of members, whether in relation to other members, to the component societies or to this Society. All questions of an ethical nature brought before the House of Delegates or the General Meeting shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members or component societies on which an appeal is taken from the decision of an individual Councilor, and its decision in all such matters shall be final.

Sec. 4. In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies, to be suitably designated so as to distinguish them

from district societies, and these societies, when organized and chartered, shall be entitled to all rights and privileges provided for component societies until such counties shall be organized separately.

Sec. 5. The Council shall provide for and superintend the publication and distribution of all proceedings, transactions and memoirs of the Society, and shall have authority to appoint an editor and such assistants as it deems necessary. All money received by the Council and its agents, resulting from the discharge of the duties assigned them, must be paid to the Treasurer and Secretary and other agents of the Society. It shall annually audit the accounts of the Treasurer and Secretary and other agents of this Society and present a statement of the same in its annual report to the House of Delegates, which report shall also specify the character and cost of all publications of the Society during the year, and the amount of all other property belonging to the Society under its control, with such suggestions as it may deem necessary. In the event of a vacancy in the office of the Secretary, or of the Treasurer, the Council shall fill the vacancy until the next annual election.

Chapter VIII.—Committees.

Section 1. The standing committees shall be as follows:

A Committee on Scientific Work.

A Committee on Public Policy and Legislation.

A Committee on Arrangement, and such other committees as may be necessary. Such committees shall be appointed by the President, unless otherwise provided.

Sec. 2. The Committee on Scientific Work shall consist of three members, of which the Secretary shall be one, and shall determine the character and scope of the scientific proceedings of the Society for each session, subject to the instructions of the House of Delegates. Thirty days previous to each Annual Session it shall prepare and issue a program announcing the order in which papers and discussions shall be presented.

Sec. 3. The Committee on Public Policy and Legislation shall consist of three members and the President and Secretary. Under the direction of the House of Delegates it shall represent the Society in securing and enforcing legislation in the interest of public health and of scientific medicine. It shall keep in touch with professional and public opinion, shall endeavor to shape legislation so as to secure the best results for the whole people, and shall strive to organize professional influence so as to promote the general good of the community in local, state and national affairs and elections.

Sec. 4. The Committee of Arrangements shall be appointed by the component society of the county in which the Annual Session is to be held. It shall provide suitable accommodations for the meeting places of the Society and of the House of Delegates, and of their respective committees, and shall have general charge of all the arrangements. Its chairman shall report an outline of the arrangements to the Secretary for publication in the pro-

gram, and shall make additional announcements during the session as occasion may require.

Chapter IX.—County Societies.

Section 1. All county societies now in affiliation with this association or those which have adopted principles of organization not in conflict with this Constitution and By-Laws, shall, on application, receive a charter from and become a component part of this Society.

Sec. 2. As rapidly as can be done after the adoption of this Constitution and By-Laws, a medical society shall be organized in every county in the State in which no component society exists, and charters shall be issued thereto.

Sec. 3. Charters shall be issued only upon approval of the Council and shall be signed by the President and Secretary of this Society. Upon the recommendation of the Council the House of Delegates may revoke the charter of any component society whose actions are in conflict with the letter or spirit of this Constitution and By-Laws.

Sec. 4. Only one component medical society shall be chartered in any county. Where more than one county society exists, friendly overtures and concessions shall be made, with the aid of the Council for the District if necessary, and all of the members brought into one organization. In case of failure to unite, an appeal may be made to the Council, which shall decide what action shall be taken.

Sec. 5. Each county society shall judge of the qualification of its own members, but, as such societies are the only portals to this Society and to the American Medical Association, every reputable and legally registered physician who is a graduate of a reputable medical college does not practice or claim to practice, nor lend his support to, any exclusive system of medicine, shall be entitled to membership. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every such physician in the county to become a member.

Sec. 6. Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or expelling him, shall have the right to appeal to the Council, and its decision shall be final.

Sec. 7. In hearing appeals the Council may admit oral or written evidence as in its judgment will best and most fairly present the facts, but in case of every appeal, both as a Board and as individual Councilors in district and county work, efforts at conciliation and compromise shall precede all such hearings.

Sec. 8. When a member in good standing in a component society moves to another county in this State, his name, on request, shall be transferred without cost to the roster of the county society into whose jurisdiction he moves.

Sec. 9. A physician living near a county line may hold his membership in that county most convenient for him to attend, on permission of the component society in whose jurisdiction he resides.

Sec. 10. Each component society shall have

general direction of the affairs of the profession in its county, and its influence shall be constantly exerted for bettering the scientific moral and material condition of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified physician in the county.

Sec. 11. At same meeting in advance of the Annual Session of this Society each county society shall elect a delegate or delegates to represent it in the House of Delegates of this Society, in the proportion of one delegate to each twenty-five members and one for each major fraction thereof, and the Secretary of the Society shall send a list of such delegates to the Secretary of this Society, at least ten days before the Annual Sessions.

Sec. 12. The Secretary of each component society shall keep a roster of its members, and of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this State, and such other information as may be deemed necessary. In keeping such roster the Secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall endeavor to account for every physician who has lived in the county during the year.

Sec. 13. The Secretary of each component society shall forward its assessment, together with its roster of officers and members, list of delegates, and list of non-affiliated physicians of the county, to the Secretary of this Society each year thirty days before the Annual Session.

Sec. 14. Any county society which fails to pay its assessment, or make the report required, on or before ten days after the annual meeting shall be held as suspended, and none of its members or delegates shall be permitted to participate in any of the business or proceedings of the Society or of the House of Delegates until such requirements have been met.

Chapter X.—Miscellaneous.

Section 1. No address or paper before the Society except those of the President and orators, shall occupy more than twenty minutes in its delivery; and no member shall speak longer than five minutes, nor more than once

on any subject, except by unanimous consent.

Sec. 2. All papers read before the Society or any of the Sections shall become its property. Each paper shall be deposited with the Secretary when read.

Sec. 3. The deliberations of this Society shall be governed by parliamentary usage as contained in Roberts' Rules of Order, when not in conflict with this Constitution and By-Laws.

Sec. 4. The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

Article XIV.—Amendments.

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous Annual Session, and that it shall have been published twice during the year in the Bulletin or Journal of this Society, or sent officially to each component society at least two months before the meeting at which final action is to be taken.

—X—

POLK COUNTY MEDICAL SOCIETY.

The Polk County Medical Society meets first and third Friday night of each month. We are having a good attendance, with greatest enthusiasm ever shown in any Society. All members are prompt with papers, and eager to have the technical points discussed. Our Society has three applicants for membership. I am glad to say everything is moving in good style.

Drs. W. P. Parks and F. A. Lee have just gone to Chicago to attend Post Graduate course for eight weeks.

C. C. GUNNELS,
Secretary.

It is gratifying to learn of the splendid work being done by the Polk County Medical Society. Hardly three months old and a lively infant it is. Success to you, gentlemen.



LIST OF MEMBERS BY COUNTIES.

Arkansas County.

Bunn, A. D., Treas. Humphrey
 Boswell, W. H. Almyra
 Evans, M. M. DeLuce
 Hill, B. L. Stuttgart
 Holcomb, T. J. DeWitt
 Lowe, A. M. Gillett
 Lowe, W. W., V. Pres. Gillett
 Moorhead, W. H. Stuttgart
 Morpew, L. H. Stuttgart
 Park, C. E., Secretary. DeWitt
 Struthers, O. C., Pres. DeWitt
 Sillin, Cyrenus W. Stuttgart
 Wlucker, E. H. DeWitt

Ashley County.

Baker, J. P. Morrell
 Cockerham, H. E., Pres. Portland
 Cone, A. E. Portland
 George, B. F. Parkdale
 Hawkins, M. C. Parkdale
 Lowe, W. T. Morrell
 Norman, W. S. Hamburg
 Parker, J. L. Snyder
 Simpson, J. W., V. Pres. Hamburg
 Scott, E. M., Secy-Treas. Hamburg
 Shipman, W. H. Montrose
 Spencer, S. J. White
 Sparks, J. E. Crossett
 Williams, R. G. Parkdale

Baxter County.

Tipton, J. T., Pres. Mountain Home
 Hipp, J. A., V. Pres. Buford
 Nee, W. F. Mountain Home
 Morrow, J. J., Secy. Cotter

Benton County.

Beard, J. H. Gentry
 Bills, A. R. Sulphur Springs
 Clegg, J. T. Siloam Springs
 Canfield, H. H. Siloam Springs
 Cargile, Chas. H. Bentonville
 Chambers, D. P. Mason Valley
 Clemmer, I. L. Springtown
 Enbanks, F. G. Decatur
 Fergus, J. A. Elm Springs
 Green, L. O. Pea Ridge
 Gill, John J. Bentonville
 Horton, C. W. Hiwassee
 Hurley, T. E. Bentonville
 Hurley, C. E. Bentonville
 Hughes, G. A. Gravette
 Highfill, E. J. Osage Mills
 Knott, A. D., Pres. Gravette
 Lindsey, J. H. Bentonville
 Powell, T. J. Maysville
 Pickens, E. E. Rogers
 Rice, T. M. Brightwater
 Duncan, M. W. Centertown
 Rice, C. A., Secy-Treas. Gentry
 Rice, R. S. Rogers
 Smiley, J. L. Robison
 Thomason, H. E., V. P., Siloam Springs
 Whitcomb, A. L. Rogers
 Webster, J. W. Siloam Springs

Boone County.

Bollinger, John. Lead Hill
 Johnson, J. J. Harrison
 Kirby, F. B. Harrison
 Kirby, L., Secy. Harrison
 McCurry, D. K. Alpena Pass
 Potts, J. R., V. Pres. Elmwood
 Reich, J. L. Everton
 Routh, Chas. M., Pres. Batavia
 Routh, H. L., Treas. Batavia
 Sims, J. L. Harrison
 Vance, A. J. Harrison

Bradley County.

Carruth, O. A., Secy. Warren
 Fike, W. T. Warren
 Henling, S. R., Treas. Warren
 Jackson, D. A. Johnsonville
 Martin, C. N., Pres. Warren
 Wilson, G. P. Hermitage
 Wommack, W. E., V. Pres., Hermitage

Calhoun County.

Jones, E. T., Pres. Hampton

Jones, E., Treas. Summerville
 Rhine, T. E., Secy. Thornton
 Wilson, D. T., V. Pres. Hampton

Carroll County.

Bolton, J. Fred, Treas. Eureka Springs
 Bolton, J. B., Secy. Eureka Springs
 Floyd, R. G. Eureka Springs
 George, W. P. Berryville
 George, Charles, Pres. Berryville
 Jordan, J. D., Eureka Springs
 Marron, F. R. Green Forest
 Pace, Henry. Eureka Springs
 Poyner, I. M. Berryville
 Poyner, G. V. Green Forest
 Ramsey, T. C., V. Pres. Green Forest

Chicot County.

Anderson, A. G. Endora
 Barlow, E. E. Dermott
 Baker, E. Dermott
 Easterling, W. W., Pres. Lake Village
 Eason, J. T. Grand Lake
 Henry, R. N. Lake Village
 McGehee, E. P., Secy-Treas. Lake Village
 Norton, M. M. Sunny Side
 Nichols, W. J. Grand Lake
 Roberson, Sunny Side

Clay County.

Cuning, I. H. Knoblo
 Green, T. H., Pres. Corniug
 Hinghey, M. C., V. Pres. Knoblo
 Hiler, J. P. Pollard
 Latimer, N. J., Secy-Treas. Corniug
 McKinney, A. B. Corniug
 Newkirk, C. H. Datto
 Putman, E. H. St. Francis
 Parrish, W. A. Rector
 Simpson, A. R. Corniug
 Thornton, E. W. Piggett
 Turner, C. A. Tamaha, I T
 Waddle, M. V. B., Success

Clark County.

Cuffman, J. H. Gurdon
 Flemings, F. R. Arkadelphia
 Lowther, E. D. Q. Hollywood
 Moore, W. M. Hollywood
 McCallum, J. A. Arkadelphia
 Rowland, W. T., Pres. Arkadelphia
 Ross, J. A. Okolona
 Smith, R. L. Okolona
 Townsend, N. R., Secy-Treas. Arkadelphia
 Townsend, C. C. Arkadelphia
 Wallis, J. C. Arkadelphia
 Williams, E. K. Arkadelphia
 Watson, W. S. Amity

Cleveland County.

Ackerman, T. H. Rison
 Barhee, J. B. Kingsland
 Breathwit, Wm., Secy. Draughton
 Crump, J. F. Rison
 Hamilton, A. J. Calmer
 Hartsell, W. L. Pansy
 Leidl, C., V. Pres. Kingsland
 Norcott, W. T. Rison
 Sadler, H. D. Rison
 Stanfield, M. F. Orlando
 Stewart, W. S., Pres. White Oak
 Thorn, J. W. Clfo
 Vance, J. O., Treas. New Edinburg
 Wolford, W. S. Kingsland

Columbia County.

Baker, J. J. Calhoun
 Beasley, J. Waldo
 Gibson, W. M. Emerson
 Hawkins, J. T. Mt. Holly
 Hunt, W. J., Treas. Magnolia
 Henry, A. M. Village
 Longino, H. A. Magnolia
 Stevens, C. D., Pres. Magnolia
 Vaughan, J. T., V. Pres. Emerson
 Walker, J. C., Secy. Emerson

Conway County.

Adams, R. J. Morrilton
 Bradley, A. R. Plummerville
 Clark, C. D., V. Pres. Morrilton

Cowden, S. H. Morrilton
 Gordon, F. Morrilton
 Goatcher, A. L. Plummerville
 Horton, Neal. Plummerville
 Logan, B. C., Secy. Morrilton
 Martin, J. S., Pres. Morrilton
 Montgomery, S. J., Treas. Morrilton
 Oates, L. T. Oppelo
 Presley, W. L. Morrilton
 Powell, J. W. Springfield
 White, B. G. Morrilton
 Yates, Geo. Solgahachia

Craighead County.

Armour, C. H. Bono
 Burns, J. L. Jonesboro
 Crawford, J. E. Bay
 Grady, N. H., V. President. Monett
 Halton, W. C. Jonesboro
 Harrison, B. L. Jonesboro
 Hinson, Bono
 Jackson, W. W. Jonesboro
 Lutterloh, C. M. Jonesboro
 Nisbeth, Frank. Brookland
 Peilton, D. A. Jonesboro
 Pierce, L. D. Jonesboro
 Rains, H. L., Pres. Jonesboro
 Ratliff, R. W. Jonesboro
 Smith, S. E. Nettleton
 Stroud, H. A., Secy-Treas. Jonesboro
 Walker, B. F. Nettleton
 Wester, W. E. Nettleton

Crawford County.

Blakemore, J. E. Van Buren
 Bonland, O. M., Pres. Van Buren
 Dibrell, M. S., Secy. Van Buren
 Parchman, W. L. Van Buren
 Lucas, Giles. Van Buren
 Mickie, F. A. Van Buren
 Reeves, W. R. Alma
 Wood, Frank. Union Town
 Yount, J. D. Dean Springs

Dallas County.

Atkinson, H. H., Treas. Fordyce
 Cheatham, H. A. Princeton
 Harrison, F. E. Fordyce
 March, C. J., Pres. Fordyce
 Matlock, G. S. Tulip
 Simmons, W. H., Secy. Fordyce
 Wozencraft, O. O., V. P., Holly Springs
 Wozencraft, Geo. O. Holly Springs

Desha County.

Bowles, T. H., Pres. Dumas
 Duckworth, F. L., Sec-Treas. Walnut Lake
 Furbish, L. P. Laconia
 Fly, T. M. Peudleton
 MacCammon Vernon. Arkansas City
 Stuart, J. M., V. Pres. McGehee
 Smith, C. P. Arkansas City
 White, J. A. Dumas

Drew County.

Blanks, J. T., V. Pres. Baxter
 Brown, W. A., Pres. Monticello
 Carroll, D. C. Tillar
 Collins, A. S. J. Monticello
 Cotham, E. R. Monticello
 Corrigan, M. B. Tillar
 Fletcher, G. W. Monticello
 Pope, M. Y., Secy-Treas. Monticello
 Robertson, S. G. Monticello
 Stanley, W. T. Selma
 Stanley, A. C. Tillar
 Smith, R. N. Collins
 Thompson, J. A. Collins
 Tarrant, J. R. Monticello
 Wood, B. G. Cominto

Franklin County.

Amls, W. A. Ozark
 Blackburn, E. W. Ozark
 Butts, R. J. Altma
 Crocker, J. T., Vice-Pres. Lonelm
 Douglass, Thos., Sec'y-Treas. Ozark
 Harrod, J. C. Denning
 Rambo, W. W. Alston

Turner, H. H., Pres.....Ozark
Weaver, E. R.....Vesta

Faulkner County.

Brown, G. S.....Conway
Brown, J. F., V. Pres.....Conway
Clark, W. I.....Enders
Dickerson, G. D.....Conway
DeJarnett, J. W.....Guy
Greenley, D. R. B.....Mayflower
Greeson, W. R.....Conway
Munn, J. B.....Vilonia
McMahan, J. E., Pres.....Kendall
McCollum, I. N.....Conway
Matthews, J. H.....Palarm
Pate, L. H.....Kendall
Richardson, F. G.....Coutway
Westerfield, J. S., Secy-Treas.....Coutway

Grant County.

Butler, J. L., Secy-Treas.....Sheridan
Rhodes, R. R., V. Pres.....Sheridan
Shaw, J. B., Pres.....Sheridan

Greene County.

Bradshaw, R. E., V. Pres., Marmaduke
Clyue, A. G.....Bethel
Cothren, Thad.....Walcott
Dickson, A. G.....Paragould
Dickson, H. N., Pres.....Paragould
Hopkins, G. T.....Paragould
Haley, R. J.....Paragould
Johnson, J. W.....Paragould
Lamb, Ellis.....Walcott
Lamb, Jones.....Beech Grove
McKenzie, J. G.....Paragould
Owens, W. R., Secy-Treas.....Paragould
Wilson, Olive.....Paragould
Webb, H. M.....Gainesville

Hot Springs-Garland County.

Anderson, James.....Hot Springs
Barry, W. H.....Hot Springs
Barry, P. L.....Hot Springs
Burton, O. H., Treas.....Hot Springs
Biggs, E. L.....Hot Springs
Brunson, R.....Hot Springs
Collings, H. P.....Hot Springs
Collings, S. P.....Hot Springs
Dake, Chas.....Hot Springs
Dake, Frank.....Hot Springs
Drennen, C. Travis.....Hot Springs
Ellis, L. R.....Hot Springs
Ellsworth, E. H.....Hot Springs
Ellsworth, P. H.....Hot Springs
Eastman, E. H.....Hot Springs
Garrett, A. S.....Hot Springs
Greenway, G. C.....Hot Springs
Hay, E. C.....Hot Springs
Hebert, G. A., Pres.....Hot Springs
Holland, T. E.....Hot Springs
Jelks, F. W.....Hot Springs
Jelks, Jas. T., Secy.....Hot Springs
Kling, J. H. C.....Hot Springs
Laws, W. V.....Hot Springs
Mount, M. T.....Hot Springs
Minor, J. C.....Hot Springs
McClendon, J. W.....Hot Springs
Parker, W. E.....Hot Springs
Short, Z. N., V. Pres.....Hot Springs
Thompson, M. G.....Hot Springs
Trehble, E. H.....Hot Springs
Vaughan, P. T.....Hot Springs
Warren, E.....Hot Springs
Wootton, W. T.....Hot Springs
Williams, A. U.....Hot Springs
Winegar, E. F.....Hot Springs

Hot Spring County.

Bramlett, E. T., Pres.....Malvern
Carroll, W. A.....Saginaw
Cox, J. A.....Donaldson
McCray, E. H., Secy-Treas.....Malvern
Phillips, R. Y.....Malvern
Williams, J. M.....Malvern

Hempstead County.

Antrey, J. R.....Columbus
R'Shears, H. L.....Fulton
Briant, W. A., Secy.....Hope
Carrigan, S. M.....Hope
Darnell, H. H.....Columbus
Gillespie, L. J.....Hope
Garrett, H. J. F.....Hope
Garner, T. J.....Washington

Hayse, R. E.....Fulton
Henry, J. H.....Hope
Martindale, G. H.....Hope
Weaver, J. H.....Hope
Waddle, J. S.....Hope

Howard-Pike County.

Alford, T. F.....Bingen
Black, E. M.....Yaucey
Cass, J. R.....Buck Range
Corn, J. S.....Nashville
Cannon, W. H.....Saratoga
Daly, J. M., Pres.....Nashville
Hutchinson, D. A.....Nashville
Rivers, J. M.....Mineral Spgs.
Simpson, W. B., V. Pres.....Nashville
Toland, W. H. Sec-Treas.....Mineral Spgs.
Wright, C. W.....Buck Range
Weaver, S. J.....Saratoga

Jackson County.

Causey, G. A., V. Pres.....Swiftown
Graham, J. S.....Tuckerman
Jamison, O. A.....Newport
Jones, O. E.....Newport
Jones, J. M., Treas.....Newport
Kimberlin, K. K.....Tuckerman
Owen, Henry.....Newport
Owen, H. M.....Newport
Slayden, L. T.....Tuckerman
Stephens, G. K.....Newport
Watson, E. L.....Newport
West, C.....Newport
Willis, L. E., Pres.....Newport
Walker, H. O., Secretary.....Newport

Independence County.

Case, W. J.....Batesville
Campbell, J. H.....Batesville
Dorr, R. C.....Batesville
Evans, D. E.....Cushman
Evans, A. A.....Victor
Gray, C. C.....Convenience
Graves, J. W.....Pleasant Plains
Huddleston, Tom.....Sulphur Rock
Hodges, R. H.....Sulphur Rock
Hawkins, W. D.....Suldo
Kennerley, J. H., Sec.....Batesville
Kennerley, J. H.....Batesville
Lawrence, W. B.....Batesville
Pascoe, V. L.....Newark
Rodman, T. N.....Barron Fork
Woods, T. J.....Evening Shade
Wyatt, W. A.....Roslé

Johnson County.

Archer, Chas. A.....Spadra
Blackley, J. P., Pres.....Hartman
Blackley, Thos. B.....Coal Hill
Burgess, M. E.....Lamar
Carey, Angler B.....Little Rock
Cook, L. A., Secy.....Clarksville
Cowan, J. M.....Lamar
Graves, S. M.....Payne
Hays, Annie.....Clarksville
Huddleston, Geo. D.....Lamar
Hunt, Wm. R.....Clarksville
Kolb, J. S.....Clarksville
Love, J. G., Treas.....Hartman
Mitchell, Ino. W.....Clarksville
Ogilvie, Jas. W.....Harmony
Robinson, Chrs. E.....Clarksville
Stewart, J. J.....Lamar
Stewart, J. L.....Spadra

Jefferson County.

Allen, J. A.....Pine Bluff
Blackwell, O. G.....Pine Bluff
Blackenship, W. H.....Pine Bluff
Brunson, Asa.....Pine Bluff
Caruthers, Jr., C. K.....Pine Bluff
Clark, O. W.....Pine Bluff
Crutcher, Wm.....Pine Bluff
Dixon, C. W. Sec-Treas.....Pine Bluff
Duckworth, G. M.....Pine Bluff
Gallagher, R. H.....Pine Bluff
Glen, C. A.....Pine Bluff
Hall, B. A.....Pine Bluff
Hankison, O. C.....Pine Bluff
Jenkins, J. S.....Pine Bluff
John, M. C.....Pine Bluff
John, J. W.....Pine Bluff
Jordan, A. C.....Pine Bluff
Kite, N. S.....Pine Bluff

Loving, A. B.....Pine Bluff
Luck, B. D.....Pine Bluff
Oroto, Z.....Pine Bluff
Savin, T. L.....Pine Bluff
Scales, J. W., Pres.....Pine Bluff
Smith, J. S.....Pine Bluff
Thompson, A. G.....Pine Bluff
Thompson, R. C.....Pine Bluff
Troupe, A. W., V. Pres.....Pine Bluff
Walt, D. C.....Althelmer
Williams, H. E.....Pine Bluff
Withers, J. W.....Pine Bluff

Lafayette County.

Baker, F. E., V. Pres.....Stamps
Bright, D. W., Pres.....Lewisville
Burns, R. P.....Bradley
DeWoody, L. C.....Stamps
Hoover, A. L.....Stamps
Kelley, J. L.....Stamps
McGee, L. F.....Frostville
McKnight, J. F.....Walnut Hill
Youmans, F. W., Sec-Treas, Lewisville

Lawrence County.

Ball, C. C., Secretary.....Ravenden
Cavitt, B. H.....Hoxie
Coffman, J. W.....Black Rock
Croom, H.....Strawberry
Culp, C. W.....Mammoth Spring
Hatcher, J. O.....Imboden
Henderson, A. G., Treas.....Imboden
Hughes, J. C.....Walnut Ridge
Land, J. C.....Walnut Ridge
McCarroll, H. R.....Walnut Ridge
Meriwether, C. P.....Walnut Ridge
Morris, J. W., Pres.....Deuton
Peacock, A. L.....Lynn
Poindexter, J. C.....Imboden
Ponde, E. T.....Walnut Ridge
Pringle, J. E.....Hoxie
Robinson, W. J., V. Pres.....Portia
Rudy, D. B.....Smithville
Smith, W. A.....Walnut Ridge
Stephens, J. M.....Clover Bend
Warren, G. A.....Black Rock

Lee County.

Bettis, B. C.....Moro
Bean, W. R.....LaGrange
Bradford, W. S.....Haynes
Beaty, C. W.....Vineyard
Chadlin, C. W.....Moro
Chandler, C. T.....Marianna
Deaderick, W. H. Secretary Marianna
Frey, J. J.....Park Place
Hayne, W. R., Treas.....Haynes
Lewis, J. F.....Oak Forest
Longley, W. W.....Marianna
McClendon, A. A. V. Pres.....Marianna
Robinson, J. C.....Marianna
Wall, E. D.....Gill
Williamson, O. L.....Marianna
Wilsford, A. L., Pres.....Moro

Lincoln County.

Bittinger, W. M., V. Pres.....Grady
Johns, J. F.....Grady
Kinbro, W. C.....Tyrro
McClain, J. K., Pres.....Star City
Price, C. C.....Douglass
Prickett, C.....Traskwood
Palmer, J. T.....Star City
Tarver, B. F., Sec-Treas.....Star City

Little River County.

Galloher, Wm. M.....Foreman
Shirey, Wesley, L. Pres.....Foreman
Vaughan, W. E., Sec-Treas.....Richmond
York, Wm. W.....Ashdown

Logan County.

Armstrong, N. E., Pres.....Chismville
Bennett, W. H.....Paris
Baskerville, W. F.....Booneville
Fletcher, T. M.....Paris
Hedrick, A. R., Secy.....Booneville
Powell, E. T.....Magazine
Smith, J. J.....Paris
Shipley, J. S.....Paris
Thompson, R. C.....Spilerville

Lonoke County.

Abbott, C. C.....Jewel
Beaty, S. S.....England

Benton, T. E. Lonoke
 Brewer, Jno. F., Treas. Kerr
 Bowers, A. L. Keo
 Beakley, N. B. England
 Chenault, J. C. England
 Childers, J. M. R. F. D. No. 2, Lonoke
 Corn, F. A. Lonoke
 Cunning, Jno. R., V. Pres. Lonoke
 Fletcher, Jno. P. Lonoke
 Murchison, A. J. England
 Niven, J. D. Tucker
 Southall, S. A. Lonoke
 Stovall, B. L. Lonoke
 Thibault, H., Pres. Scott
 Thompson, E. M. Little Rock
 Turner, W. S. Blakemore
 Thompson, W. A. Lonoke
 Ward, O. D., Secretary. Eugland

Madison County.

Counts, G. D. Secretary. Wesley
 Harrison, A. J. Hindsville
 Moore, W. A., Pres. Hindsville
 Poyner, E. E. Marhle

Miller County.

Beck, E. L. Texarkana
 Darracott, J. C. Texarkana
 Dale, J. R. Texarkana
 Grant, R. L. Texarkana
 King, Marlon. Texarkana
 Kelley, K. M. Texarkana
 Kelley, Warren. Texarkana
 Kitrell, T. F., V. Pres. Texarkana
 Lightfoot, J. V. Texarkana
 McCurry, W. T. Texarkana
 Mann, R. H. T., Sec. Treas. Texarkana
 Read, W. K. Texarkana
 Smiley, H. H. Texarkana
 Smith, C. A., Pres. Texarkana
 Webster, H. R. Texarkana

Mississippi County.

Borum, W. H. Blytheville
 Brewer, Thos. G. Sec.-Treas. Osceola
 Collier, H. T., Pres. Osceola
 Crawford, H. F. Wilson
 Campbell, J. H. Bardstown
 Dunn, D. M. Blytheville
 Dunavant, H. C. Osceola
 Franklin, A. L. Manilla
 Fergusson, P. P. Blytheville
 Griffith, J. K. Manilla
 Glenn, S. M. Blytheville
 Howton, O. Osceola
 Harbert, J. D. Marie
 Hedrick, C. F. Burdette
 Joyner, D. C. Bardstown
 Lowry, S. A. Luxora
 Mintree, J. P. Manilla
 Martin, S. N. Chickasawha
 Nall, R. P. Armorell
 Prewitt, R. C. Osceola
 Petty, J. A. Dell
 Robinson, F. A. Bardfield
 Stevens, C. C., V. Pres. Blytheville

Monroe County.

Burris, E. W. Holly Grove
 Bradley, W. T. Monroe
 Carter, R. W. Holly Grove
 Houston, A. L. Clarendon
 Mitchell, L. B., (Hon.) Brinkley
 Murphy, F. T. Brinkley
 Murphy, N. E. Clarendon
 McKnight, E. D. Brinkley
 Saxon, R. L. Holly Grove
 Stout, T. J. Brinkley
 Sylar, T. B. Holly Grove
 Thomas, P. E. Clarendon
 Taylor, J. F., (Hon.) Holly Grove
 Terry, P. E. Brinkley
 West, R. M. Clarendon

Nevada County.

Arnold, W. E. Prescott
 Buchanan, L. S. Prescott
 Chastain, J. B. Prescott
 Chastain, J. S. Prescott
 Dickinson, W. H. Emmett
 Guthrie, Adam, Sec.-Treas. Prescott
 Gill, J. M. F. Prescott
 Hesterly, S. J. Prescott
 Rice, W. W., Pres. Prescott

Ouachita County.

Barnette, J. M. Stephens
 Byrd, E. J., V. Pres. Millville
 Davidson, A. Camden
 Early, C. S. Camden
 Hudson, G. W. Camden
 Henry, H. H. Eagle Mills
 Henry, J. T. Eagle Mills
 Joyce, M. J. H. Millville
 Mahn, J. M. Bearden
 Meek, J. W., Pres. Camden
 Morgan, C. M. Camden
 Newton, W. L. Onalaska
 Powell, B. V. Lester
 Purifoy, W. A. Childster
 Ricehart, J. S. Camden
 Tompson, J. S. Stephens
 Word, N. S., Sec.-Treas. Camden

Perry County.

Alexander, S. F. Houston
 Blackwell, W. S., Sec.-Treas. Esau
 Howard, M. E., Pres. Perryville
 Reiff, W. L., V. Pres. Perryville

Polk County.

Connally, D. W. Rocky
 Cockran, C. Mena
 Dunmaw, G. P., Treasurer. Mena
 Elliott, F. B. Hatfield
 Gunnels, C. C., Secretary. Mena
 Harris, John, J. Mena
 Holmes, D. O. Mena
 Lee, F. A. Mena
 Parks, W. P., Pres. Mena
 Pool, A. J. Mena
 Vandiver, W. C. Mena
 Watkins, P. R., V. Pres. Mena
 Watkins, P. R., V. Pres. Mena

Phillips County.

Bean, J. W., V. Pres. Trenton
 Brown, E. T. Barton
 Bruce, W. B. Trenton
 Ellis, J. B. Helena
 Fink, M. Helena
 Hall, L. Turner
 Horner, A. A. Helena
 King, W. C., Sec.-Treas. Helena
 Pearson, M. L. Poplar Grove
 Penn, G. E. Marvel
 Price, J. W. Marvel
 Rightor, H. H. Helena
 Russwurm, W. C. Marvel
 Russwurm, S. C. Marvel
 Russwurm, W. C. Helena
 Smythe, D. L. Fair
 Thompson, H. M. Marvel
 Trotter, C. H., Pres. Helena

Pope County.

Alkins, Frank. Hector
 Campbell, J. M., V. Pres. Russellville
 Drummond, R. M. Russellville
 Darr, Ray W. Atkins
 Gaddy, L. Atkins
 Jones, Ewd. D., Sec.-Treas. Russellville
 Montgomery, W. A. Atkins
 Ross, C. J. Caglesville
 Rye, A. W. London
 Truitt, Edd. Dover
 Westerfield, J. H., Pres. Atkins
 Wiggs, H. B. Russellville

Prairie County.

Dickinson, Putnam, V. Pres. Des Arc
 Hippolite, W. W., Pres. DeValls Bluff
 Hippolite, F. A., Treas. DeValls Bluff
 Lynn, J. R., Sec'y. Hazen
 Parker, James. DeValls Bluff
 Robinson, F. C. Hazen
 Stewart, Jas. W. Biscoe
 Terry, W. H. Des Arc
 Williams, W. F. Des Arc
 Wells, D. D. Acapulco, Mexico
 Woodworth, L. P. DeValls Bluff

Pulaski County.

Arkabauer, C. A. Little Rock
 Bailey, W. E. Hensley
 Bentley, E. Little Rock
 Bentley, C. E. Little Rock
 Bonham, S. Little Rock

Cantrell, G. M. D. Little Rock
 Christian, R. B. Little Rock
 Charmichael, A. L. Little Rock
 Cunningham, J. C. Little Rock
 Davis, E. N. Little Rock
 Dibrell, E. R. Little Rock
 Dihrell, J. R. Little Rock
 Dihrell, J. L. Little Rock
 Dunaway, W. C. Little Rock
 French, F. L. Little Rock
 Flinn, B. W. Little Rock
 Gibson, L. P., Pres. Little Rock
 Gray, Oscar, Secretary. Little Rock
 Harris, A. E. Little Rock
 Hardeman, D. R. Little Rock
 Hodges, T. E. Little Rock
 Howell, A. R. Argenta
 Illing, W. P. Little Rock
 Judd, O. K. Little Rock
 Jenkins, J. W. Little Rock
 Jennings, Ches. Little Rock
 King, S. U., Treas. Little Rock
 Kinsworthy, J. H. Little Rock
 Lenow, J. H. Little Rock
 Lindsey, R. W. Little Rock
 McLean, M. D. Little Rock
 McCaskill, M. E. Little Rock
 Meek, E. Argenta
 Miller, W. H. Little Rock
 Oberholtze, Oille. Little Rock
 Ogden, M. D. Little Rock
 Prothro, H. Argenta
 Powell, M. F. Alexander
 Quidor, J. E. Argenta
 Runyan, J. P. Little Rock
 Scott, A. H. Little Rock
 Scott, C. V. Little Rock
 Shinautt, C. R. Little Rock
 Simmons, J. A. Hensley
 Sharpe, E. Argenta
 Sheppard, J. P. Little Rock
 Shoppach, Anna A. Little Rock
 Smith, Morgan. Little Rock
 Snodgrass, W. A. Little Rock
 Stark, L. R. Little Rock
 Stephenson, C. C. Little Rock
 Stewart, W. N. Little Rock
 Stinson, H. C. Little Rock
 Stanley, D. T. Little Rock
 Stover, A. R. Little Rock
 Stewart, S. S. Little Rock
 Sweatland, A. E. Little Rock
 Thompson, Wm., (Hon.) Little Rock
 Thorne, E. C. Little Rock
 Vaughter, S. P. Little Rock
 Vinsonhale, F. V. Pres. Little Rock
 Vaughan, Milton. Little Rock
 Watkins, C., (Hon.) Little Rock
 Watkins, A. Little Rock
 Watkins, J. G. Little Rock
 Wayman, A. K. Little Rock
 White, R. L. Little Rock
 Witt, C. B. Little Rock
 Young, J. M. Little Rock

Randolph County.

Brown, J. W. Swarts
 Crigler, J. R. Bigger
 Cox, W. F. Reyno
 Finey, Clarence. Warm Spgs
 Hughes, W. A. Okean
 Hall, L. H. Pocahontas
 Hamil, W. E. Pocahontas
 Hughes, W. E., Pres. Pocahontas
 Johnson, J. J., V. Pres. Bigger
 Loftis, J. R. Maynard
 Pringle, C. E. Maynard
 Shold, Carl, Treas. Pocahontas
 Shaver, P. M. Bigger
 Throgmorton, H. L., Sec. Pocahontas

Saline County.

Elliott, J. E. Traskwood
 Gann, Dewell, Secretary. Benton
 Graham, A. J. Traskwood
 Fisher, D. N. Benton
 Meton, J. W. Ahlm
 Morris, W. E., Pres. Perrysmith
 Phillips, J. M. Benton
 Steed, C. J., V. Pres. Hurricane
 Trickett, C. Traskwood
 Walton, J. W. Benton
 Wilson, J. F. Hope

Sebastian County.

Amls, J. C.	Ft. Smith
Brooksher, W. R.	Ft. Smith
Breedlove, J. W.	Ft. Smith
Bailey, W. W.	Ft. Smith
Cooper, St. Cloud, V. Pres.	Ft. Smith
Crawford, L. D.	Jenny Lind
Davis, E. W.	Island
Davenport, E. M.	Burma
Dnnean, L. D.	Waldron
Eberle, J. G.	Ft. Smith
Epler, E. G. Treas.	Ft. Smith
Ewart, J. B.	Midland
Foltz, Jas. A.	Ft. Smith
Foster, J. H.	Ft. Smith
Gardner, D. M.	Ft. Smith
Gant, J. R.	Ft. Smith
Green, C. R.	Jenny Lind
Hardin, A. E.	Ft. Smith
Harr, H. T.	Bonanza
Hatchett, B.	Fort Smith
Johnson, D. T.	Fort Smith
King, H. C.	Fort Smith
McKelvy, A. A.	Greenwood
McLoughlin, J. A.	Ft. Smith
McGinty, J. W., Pres.	Ft. Smith
Moulton, H.	Ft. Smith
Neal, Wm., Secretary	Ft. Smith
Pate, C. N.	Ft. Smith
Routh, H. P.	Hackett
Resinger, W. E.	Ft. Smith
Ryan, I. A.	Ft. Smith
Sims, D. A.	Ft. Smith
Smith, W. F.	Hartford
Southard, J. D.	Ft. Smith
Wood, G. G.	Huntington
Weems, H.	Ft. Smith

Searcy County.

Cotton, J. O.	Leslie
Daniel, S. G.	Marshall
Henley, James, V. Pres.	Marshall
Rogers, William	St. Joe
Reece, J. E., Sec'y-Treas.	Marshall

Sevier County.

Clingen, A. J.	Ben Lomond
Driver, J. H., Pres.	De Queen
Hammonds, J. W.	Chapal Hill
Hammonds, O. O.	De Queen
Hendrix, B. E., V. Pres.	Gilham
Hopkins, J. S.	Lehanon
Isabel, F. T.	Horatio
Johnson, R. F., Sec. Treas.	De Queen
Lindsey, W. S.	De Queen
Maxwell, D. A.	Lockesburg
Meehan, D. L.	De Queen
Norwood, M. L.	Lockesburg

Riser, F. L.	De Queen
Smith, E. D.	Gilham

St. Francis County.

Allen, W. H.	Forrest City
Beauchamp, N. P.	Forrest City
Bogart, J. A.	Forrest City
Bridgeforth, D. O., Pres.	Forrest City
Ferrel, A. B.	Widener
Hare, J. L.	Wynne
Merritt, L. H.	Forrest City
McCormack, A. G.	Goodwin
Rust, J. O.	Forrest City
Stone, J. E.	Forrest City
Strong, J. C., Sec. Treas.	Forrest City

Union County.

Coluin, J. R.	Strong
Bailey, J. E.	Huttig
Ham, E. F.	Schulter
Hilton, R. A.	El Dorado
Johnson, C. B.	Champagnole
Mackey, E. W.	McMurrin
Morgan, F. E.	Hampton
Moore, J. A.	Lisbon
Neihuss, H. H.	Wesson
Peters, C. S.	El Dorado
Pinson, W. J.	El Dorado
Pector, F. L.	Junction City
Purifoy, L. L.	El Dorado
Rowland, R. E.	Huttig
Rushing, J. L., Secretary	El Dorado
Sellers, Wm., Pres.	Junction City
Sheppard, J. M., Treas.	El Dorado
Stevenson, F. P.	Strong
Thompson, S. E., V. Pres.	El Dorado
Vines, F. P.	Strong
Wharton, J. B.	El Dorado
Ward, W. W.	Strong

Washington County.

Blackburn, T. W., V. Pres.	Cane Hill
Brewster, J. H.	Prairie Grove
Canon, J. S.	West Fork
Christian D.	Springdale
Dinwiddie, R. R.	Fayetteville
Ellis, E. F.	Fayetteville
Gregg, A. S., Pres.	Fayetteville
Hassell, A. B.	Rosebud
Hathcock, P. L.	Lincoln
Miller Otey	Fayetteville
Mock, W. H.	Prairie Grove
Moore, A. I., Treas.	Fayetteville
McCormick, E. G.	Prairie Grove
Pittman, J. M.	Prairie Grove
Paddock, C. B.	Fayetteville
Southworth, Jas. R., Sec.	Fayetteville
Stearnes, Moses	Springdale

Summers, D. C.	Elm Spring
Welch, W. B.	Fayetteville
Wood, H. D.	Fayetteville
Yates, W. N.	Fayetteville
Young, F. B.	Springdale

Barlow, M. J., V. Pres.	Riverside
Bradford, T. B.	Cotton Plant
Brewer, E. T.	Grays
Fletcher, B. A.	Augusta
Mewhorn, W. A., Pres.	Howell

Woodruff County.

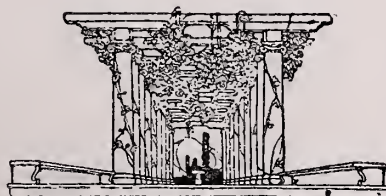
Biles, L. E.	Gregory
McKie, J. D.	Cotton Plant
McKie, W. H.	Cotton Plant
Morris, J. W.	DeVlew
Osborne, J. M.	Wiville
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Smith, R. N.	Augusta
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Waldrop, J. G.	Augusta

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Harkness, J. H.	Belville
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Jackson, N. H. Jr., Pres.	Neeley
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Love, L. E., V. Pres.	Dardanelle
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McClure, W. Y.	Delaware
McKenzie, A. H., Sec. Treas.	Dardanelle
Miller, S. E.	Dardanelle
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Worsham, M. A.	Centerville
Wilson, E. L.	Fowler

White-Cleburne county.

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Cleveland, J. C.	Bald Knob
Clark, W. A.	Bald Knob
Ellis, W. A.	Walker's Store
Edwards, D. H.	El Paso
Grammer, J. B.	Searcy
Holland, W. G.	Pangburn
Hornbarger, W. J.	Heber
Hassell, J. W.	Rose Bud
Hassell, A. B.	Rose Bud
Jones, J. L.	Searcy
Jeiks, J. M., Pres.	Searcy
Lovell, J. N.	Bradford
Moore, L. E., Sec'y	Searcy
Moncrief, J. J.	Beebe
Woodyard, W. H. L.	Judsonia
Starks, C. B.	Shiloh



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Gibson, W. M.....	Emerson	Hornbarger, W. J.....	Heber	Longino, H. A.....	Magnolia
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Gillespie, L. J.....	Hope	Horton, Neal.....	Plummerville	Luck, B. D.....	Pine Bluff
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Graham, A. J.....	Traskwood	Huddleston, Geo. D.....	Lamar	Lowe, W. T.....	Morrell
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Hipolite, W. W., Pres.....	DeValls Bluff				

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Newkirk, C. H.	Datto	Rivers, J. M.	Mineral Springs	Stewart, J. J.	Lamar
Newton, W. L.	Onalaska	Riser, F. L.	De Queen	Stewart, J. L.	Spadra
Nichols, W. J.	Grand Lake	Roberson, —	Sunny Side	Stewart, Jas. W.	Blascoe
Nishett, Frank	Brookland	Robertson, S. G.	Monticello	Stewart, W. N.	Little Rock
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Noe, W. F.	Mountain Home	Robinson, W. J., V. Pres.	Portia	Stinson, H. C.	Little Rock
Norcott, W. T.	Rison	Robinson, Chas. E.	Clarksville	Stone, J. E.	Forrest City
Norman, W. S.	Hamburg	Robinson, J. C.	Marlanna	Stout, T. J.	Brinkley
Norton, M. M.	Sunny Side	Robinson, J. C.	Marlanna	Stovall, B. L.	Lonoke
Norwood, M. L.	Lockeshurg	Robinson, F. C.	Hazen	Stover, A. R.	Little Rock
		Rodman, T. N.	Barren Fork	Strong, J. C., Sec. Treas.	Forrest City
Oates, L. T.	Oppelo	Rogers, William	St. Joe	Stroud, H. A., Secy-Treas.	Jonesboro
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Ogden, M. D.	Little Rock	Ross, C. J.	Caglesville	Stuart, J. M., V. Pres.	McGehee
Ogilvie, Jas. W.	Harmony	Ronth, H. P.	Hackett	Summers, D. C.	Elm Spring
Oroto, Z.	Pine Bluff	Ronth, Chas. M., Pres.	Batavia	Sweatland, A. E.	Little Rock
Owen, Henry	Newport	Ronth, H. L., Treas.	Batavia	Sylar, T. B.	Holly Grove
Owen, H. M.	Newport	Rowland, W. T., Pres.	Arkadelphia	Taylor, J. F., (Hon.)	Holly Grove
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Palmer, J. T.	Star City	Russwurm, S. C.	Marvell	Thorn, J. W.	Clo
Parchman, W. L.	Van Buren	Russwurm, W. C.	Helena	Thorne, E. C.	Little Rock
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Pascoe, V. L.	Newark	Savin, T. L.	Pine Bluff	Thompson, A. G.	Pine Bluff
Pate, L. H.	Kendall	Saxon, E. L.	Holly Grove	Thompson, R. C.	Pine Bluff
Pate, C. N.	Ft. Smith	Scales, J. W., Pres.	Pine Bluff	Thompson, E. M.	Little Rock
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Peters, C. S.	El Dorado	Shaver, P. M.	Blgger	Tipton, J. T., Pres.	Mountain Home
Petty, J. A.	Dell	Shaw, J. B., Pres.	Sheridan	Tompson, J. S.	Stephens
Phillips, R. Y.	Malvern	Sheld, Carl, Treas.	Pocahontas	Toland, W. H. Sec. Treas.	Mineral Spgs.
Phillips, J. M.	Benton	Sheppard, J. P.	Little Rock	Townsend, N. E. Secy-Treas.	Arkadelphia
Pickens, E. E.	Rogers	Sheppard, J. M., Treas.	El Dorado	Townsend, C. C.	Arkadelphia
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Pinson, W. J.	El Dorado	Shipley, J. S.	Paris	Troupe, A. W., V. Pres.	Pine Bluff
Pittman, J. M.	Fairlie Grove	Shipman, W. F.	Montrose	Trotter, C. H., Pres.	Helena
Poctor, F. L.	Junction City	Shirey, Wesley, L., Pres.	Foreman	Truitt, Edd.	Dover
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Poyner, E. E.	Marble	Smith, R. L.	Okolona	Vaughan, Milton	Little Rock
Presley, W. L.	Morilton	Smith, S. E.	Nettleton	Vinsonhaier, F., V. Pres.	Little Rock
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Pringle, C. E.	Maynard	Smith, A. M.	Paris	Wall, E. D.	Gill
Pringle, J. E.	Hoxie	Smith, C. A., Pres.	Texarkana	Walker, H. O., Secretary	Newport
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Puckitt, O. E.	Fitzhugh	Smith, R. N.	Angusta	Walker, B. F.	Nettleton
Purifoy, L. L.	El Dorado	Smith, E. D.	Gillham	Wallis, J. C.	Arkadelphia
Purifoy, W. A.	Childester	Smith, Morgan	Little Rock	Wait, D. C.	Althelmer
Purtman, E. H.	St. Francis	Smythe, D. L.	Fair	Walton, J. W.	Benton
		Snodgrass, W. A.	Little Rock	Ward, O. D., Secretary	England
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		Spencer, S. J.	White	Warren, G. A.	Black Rock
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Ramsey, T. C., V. Pres.	Green Forest	Southworth, Jas. R., Sec. Fayetteville		Watkins, C., (Hon.)	Little Rock
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Read, W. K.	Texarkana				

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Watkins, J. G.	Little Rock	White, J. A.	Dumas	Woods, T. J.	Eveuling Shade
Watson, E. L.	Newport	White, R. L.	Little Rock	Wood, G. G.	Huutington
Watson, W. S.	Amity	Wilson, J. F.	Hope	Wood, H. D.	Fayetteville
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Warren, E.	Hot Springs	Wilson, D. T., V. Pres.	Hampton	Woodyard, W. H. L.	Judsonia
Wayman, A. K.	Little Rock	Wilson, Olive	Paragould	Woodworth, L. P.	DeValls Bluff
Webb, H. M.	Gainesville	Willson, E. L.	Fowler	Wommack, W. E., V. Pres., Hermitage	
Webster, J. W.	Sloam Springs	Williams, R. G.	Parkdale	Wootten, W. T.	Hot Springs
Westerfield, J. S., Secy-Treas.	Conway	Williams, E. K.	Arkadelphia	Wolford, W. S.	Kingsland
Weaver, E. R.	Vesta	Williams, A. U.	Hot Springs	Wozencraft, O. O., V. P., Holly Springs	
Weaver, J. H.	Hope	Williams, H. E.	Pine Bluff	Wozencraft, Geo. O.	Holly Springs
Weaver, S. J.	Saratoga	Williams, J. M.	Malvern	Wright, C. W.	Buck Range
R. M. West,	Clarendon	Williams, W. F.	Des Arc	Wyatt, W. A.	Rosie
West, C.	Newport	Williamson, O. L.	Marlanna		
Wester, W. E.	Nettleton	Winkler, E. H.	DeWitt	Yates, Geo.	Soigahachia
Webster, H. R.	Texarkana	Winegar, E. F.	Hot Springs	Yates, W. N.	Fayetteville
Westerfield, J. H., Pres.	Atkins	Willis, L. E., Pres.	Newport	Yount, J. D.	Dean Springs
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Wharton, J. B.	El Dorado	Witt, C. E.	Little Rock	York, Wm. W.	Ashdown
Whitcomb, A. L.	Rogers	Word, N. S., Sec.-Treas.	Camden		



County Officers of the Arkansas Medical Society.

Arkansas County.		Grant County.		Nevada County.	
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Park, C. E., Secretary.....	DeWitt	Butler, J. L., Secy-Treas.....	Sheridan	Rice, W. W., Pres.....	Prescott
Ashley County.		Greene County.		Ouachita County.	
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Scott, E. M., Secy-Treas.....	Hamburg	Owens, W. R., Secy-Treas.....	Paragould	Word, N. S., Sec.-Treas.....	Camden
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McGeebe, E. P., Secy-Treas.....	Lake Village	Cook, L. A., Sec'y.....	Clarksville	Throgmorton, H. L., Sec.....	Pocabontas
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Latimer, N. J., Secy-Treas.....	Corning	Dixon, C. W. Sec.-Treas.....	Pine Bluff	Morris, W. E., Pres.....	Perry Smith
Clark County.		Lafayette County.		Sebastian County.	
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Townsend, N. R. Secy-Treas.....	Arkadelphia	Younmans, F. W., Sec.-Treas.....	Lewisville	Neal, Wm., Secretary.....	Ft. Smith
Cleveland County.		Lawrence County.		Searoy County.	
Stewart, W. S., Pres.....	White Oak	Morris, J. W., Pres.....	Denton	Reece, J. E., Sec'y-Treas.....	Marshall
Breatbwt, Wm., Secy.....	Draughton	Ball, C. G., Secretary.....	Ravenden	Sevier County.	
Columbia County.		Lee County.		Sevier County.	
Stevens, C. D., Pres.....	Magnolia	Willsford, A. L., Pres.....	Moro	Driver, J. H., Pres.....	De Queen
Walker, J. C., Secy.....	Emerson	Denderick, W. H. Secretary.....	Marianna	Johnson, R. F., Sec.-Treas.....	De Queen
Conway County.		Lincoln County.		St. Francis County.	
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Logan, B. O., Secy.....	Morrilton	Tarver, B. F., Sec.-Treas.....	Star City	Strong, J. C., Sec.-Treas.....	Forrest City
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Stroud, H. A., Secy-Treas.....	Jonesboro	Vaughan, W. E., Sec.-Treas.....	Richmond	Sellers, Wm., Pres.....	Junction City
Crawford County.		Loran County.		Washington County.	
Bonrland, O. M., Pres.....	Van Buren	Hederick, A. R., Sec'y.....	Booneville	Gregg, A. S., Pres.....	Fayetteville
Dibrell, M. S., Secy.....	Van Buren	Lonoke County.		Southworth, Jas. R., Sec. Fayetteville	
Dallas County.		Lonoke County.		Woodruff County.	
Mareb, C. J., Pres.....	Fordyce	Thihault, H., Pres.....	Scott	Mewborn, W. A., Pres.....	Howell
Simmons, W. H., Secy.....	Fordyce	Ward, O. D., Secretary.....	England	Patterson, R. Q., Sec.-Treas.....	Angusata
Desha County.		Madison County.		Yell County.	
Bowles, T. H., Pres.....	Dumas	Moore, W. A., Pres.....	Hindsville	Jackson, N. H. Jr., Pres.....	Neeley
Duckworth, F. L. Sec-Treas.....	Walnut Lake	Couns., G. D., Secretary.....	Wesley	McKenzie, A. H., Sec.-Treas.....	Dardanelle
Drew County.		Miller County.		White-Cleburne County.	
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Pope, M. Y., Secy-Treas.....	Monticello	Smith, C. A., Pres.....	Texarkana	Moore, L. E., Sec'y.....	Searcy
Franklin County.		Mississippi County.			
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Douglass, Thos., Sec'y-Treas.....	Ozark	Brewer, Thos. G. Sec.-Treas.....	Osceola		
Faulkner County.		Monroe County.			
McMaban, J. E., Pres.....	Kendall	Terry, P. E., Pres.....	Brinkley		
Westerfield, J. S., Secy-Treas.....	Conway	McKnight, E. D., Sec'y.....	Brinkley		

To the Secretaries—If your County Roster as given is not correct, kindly notify the Secretary, and when you have your elections, please report results at once, that proper changes may be made.

ARKANSAS MEDICAL SOCIETY.

Officers 1906-07.

C. TRAVIS DRENNEN, President.....	Hot Springs
SAINT CLOUD COOPER, First Vice President.....	Ft. Smith
J. J. MORROW, Second Vice President.....	Cotter
L. J. GILLESPIE, Third Vice President.....	Hope
J. W. SCALES, Treasurer.....	Pine Bluff
C. C. STEPHENSON, Secretary.....	Little Rock

Councilors 1906-07.

First Councilor District.

Crittenden, Clay, Craighead, Greene, Lawrence, Mississippi, Poinsett, and Randolph counties
Councilor: G. A. WARREN, Black Rock.

Term of office expires 1907—First District Medical Society.

H. C. Dunavant, President, Osceola; Olive Wilson, Secretary, Paragould.

Second Councilor District.

Cleburne, Fultou, Independence, Izard, Jackson, Sharp and White counties.

Councilor: J. W. JELKS, Searcy.

Term of office expires 1908.

Third Councilor District.

Arkansas, Cross, Lee, Louisa, Monroe, Phillips, Prairie, St. Francis and Woodruff
Councilor: M. FINK, Helena.

Term of office expires 1907—Third District Medical Society.

A. A. Horner, President, Helena; William H. Deaderick, Secretary, Marianna.

Fourth Councilor District.

Ashley, Bradley, Chicot, Cleveand, Desha, Drew, Jefferson and Lincoln counties.

Councilor: B. D. LUCK, Pine Bluff.

Term of office expires 1908.

Fifth Councilor District.

Calhoun, Columbia, Dallas, Lafayette, Onachita and Union counties.

Councilor: F. E. HARRISON, Fordyce.

Term of office expires 1907—Fifth District Medical Society.

O. S. Early, President, Camden; L. L. Purifoy, Secretary, El Dorado.

Sixth Councilor District.

Hempstead, Howard, Little River, Miller, Nevada, Pike, Polk, and Sevier counties.

Councilor: B. H. T. MANN, Texarkana.

Term of office expires 1908.

Seventh Councilor District.

Clark, Garland, Hot Spring, Montgomery, Saline, Scott and Grant counties.

Councilor: J. L. BUTLER, Sheridan.

Term of office expires 1907.

Seventh District Medical Society.

C. Travis Drennen, President, Hot Springs; Dewell Gann, Secretary, Benton.

Eighth Councilor District.

Conway, Johnson, Faulkner, Perry, Pope, Pulaski and Yell counties.

Councilor: J. S. WESTERFIELD, Conway.

Term of office expires 1908—Eighth District Medical Society.

J. S. Westerfield, President, Conway; E. D. Jones, Secretary, Russellville.

Ninth Councilor District.

Baxter, Boone, Carroll, Marlon, Newton, Searcy, Stone and Van Buren counties.

Councilor: J. B. BOLTON, Eureka Springs.

Term of office expires 1907—Ninth District Medical Society.

W. P. George, President, Berryville; J. B. Bolton, Secretary, Eureka Springs.

Tenth Councilor District.

Benton, Crawford, Franklin, Logan, Sebastian, Washington and Madison counties.

Councilor: C. E. HURLEY, Bentonville.

Term of office expires 1908—Tenth District Medical Society.

J. S. Shibley, President, Paris; Giles Lucas, Secretary, Van Buren.

NEXT MEETING LITTLE ROCK, MAY 15, 16, 17, 1907.

Secretaries of District Medical Societies will please report officers elected so that roster may be completed.

Committees 1906-07.

Board of Visitors Arkansas University Medical Department.

W. H. Deaderick, Marianna, Chairman.	J. W. Meek, Camden.
N. E. Murphy, Clarendon.	H. O. Walker, Newport.
Dewell Gann, Benton.	C. C. Ball, Ravenden.
J. C. Wallace, Arkadelphia.	Jno. McGinty, Ft. Smith.
	S. M. Carrigan, Hope.

Committee on Public Policy and Legislation.

M. L. Norwood, Lockeshurg, Chairman.	C. R. Shinnault, Little Rock.
	O. L. Williamson, Marianna.

Committee on Scientific Work.

C. C. Stephenson, Little Rock, Chairman.	M. D. Ogden, Little Rock.
	W. C. Dunaway, Little Rock.

Committee on Publication.

C. C. Stephenson, Chairman, Little Rock.	E. N. Davis, Little Rock.
	Morgan Smith, Little Rock.

Committee on Necrology.

H. Moulton, Ft. Smith.	J. W. Scales, Pine Bluff.
	Leonidas Kirby, Booneville.

Committee of Arrangements.

Pulaski County Medical Society.

State Board of Medical Examiners.

First District—B. L. Harrison, Jonesboro, Treasurer.	Fifth District—J. P. Runyan, Secretary, Little Rock.
Second District—F. T. Murphy, Brinkley.	Sixth District—Vernon MacCammon, Arkansas City.
Third District—G. V. Poynor, Green Forest, Vice President.	Seventh District—J. W. Meek, Camden.
Fourth District—M. L. Norwood, Lockeshurg, President.	

Delegates American Medical Association.

E. K. Williams, Arkadelphia, 1906-1908.	H. H. Canfield, Siloam Springs, 1905-1907.
First Alternate—Dr. Wm. Crutcher, Pine Bluff, 1906-1908.	
Second Alternate—Dr. H. A. Longino, Magnolia, 1906-1908.	
First Alternate—Morgan Smith, Little Rock, 1905-1907.	
Second Alternate—L. P. Gilson, Little Rock, 1905-1907.	



THE JOURNAL

OF THE

Arkansas Medical Society

VOL. III

LITTLE ROCK, ARKANSAS, JULY 15, 1906

No. 2

TRANSACTIONS OF THE ARKANSAS MEDICAL SOCIETY.

May 7, 8, 9 and 10, 1906.

FIRST DAY.

TUESDAY MORNING, MAY 8, 1906.

GENERAL SESSION.

Called to order at 11 a. m. Dr. Carrigan in the chair.

Prayer by Rev. French Thompson:

Almighty God, in whom we live and move and have our being; our God and our father's God; the God of Abraham, Isaac and Jacob; our help in ages past and our hope for years to come, our shelter in time of stormy blasts, our eternal home, we bespeak thy presence; we seek thy favor this beautiful morning upon this assembly. We thank Thee, O God, for what Thou art; we thank Thee for Thy Providence that directs us; we thank Thee for thy strength that rules over us; we thank Thee for Thy grace that sustains us; we pray Thee that the spirit of the Great Physician, the Man of Galilee, who went about doing good by healing diseases and relieving the wants of suffering, sin-sick humanity, may brood over this assembly. May thy spirit that hath directed their progressive work be upon all the members of this assembly today, that He may direct all of their affairs. May Thy Spirit which brooded over all the world when it was without form and void, and a chaotic mass, come here and hover about this assembly, blessing their efforts, that there may be a more efficient and better understanding of the intricate parts of the human body. May each one go forth as a ministering angel, relieving the distress and suffering of a sin-sick world and of suffering humanity in body and in mind, to lessen their burdens and assuage their griefs. We pray Thee, O God, that Thy Spirit may keep these agents of Thine, may they feel that they are sent of Thee. May they realize that they are servants of God. Wilt Thou not guide and guard them, directing all their deliberations, so that good may be advanced. May thy Holy Spirit direct all of their affairs. Hear us our Father, we ask it in the name of Him that hath taught us to pray: "Our Father who art in Heaven, hallowed be Thy name; Thy kingdom come, Thy will be done on earth as it is

in Heaven. Give us this day our daily bread, and forgive us our debts as we forgive our debtors. Lead us not into temptation; but deliver us from evil, for Thine is the kingdom, the power and the glory forever and ever. We ask it for His name's sake, Amen."

President: The next in order is the welcoming address of Hon. George R. Belding. Mayor Belding has just notified us that he is detained and Dr. Drennen, of your city, will act in his place. We shall now have the pleasure of listening to a few words from him.

Dr. Drennen: Mr. President and members of the Arkansas Medical Society, Ladies and Gentlemen: Only a little while ago the mayor informed me that I was to be mayor for the ensuing three minutes, for the purpose of extending a welcome to you. I don't believe that there is a more exacting profession in the world than that which is yours. You are not only charged with the care of your own family, but you are likewise expected to care for the families of your friends, your neighbors and sometimes your enemies and even beyond that. A little while ago I had the good fortune to be in Washington, with my friend Dr. Shands, who is a leader, in the medical profession there. We were at a meeting held for the purpose of presenting a medal to a young member of a fraternal order. There I was again blessed by being placed near and coming in contact with President Roosevelt. During his remarks he said, in effect:

"There has been a great deal of loose talk about 'making the dirt fly in Panama,' but I want to say to you, gentlemen, that before the dirt could be made to fly there, it became necessary to cover up the microbes; and today the work which you medical men have done has been so successfully carried out, that there is not a microbe in Panama! And, further, when that great, stupendous work is completed, let it not be forgotten that it was the doctor who preceded the laborer and made it habitable."

We welcome you for this and many other

reasons. We welcome you again because we have here a condition which is more or less complicated. We are standing, as it were, and have been standing for quite a while, on what I might term two legs. One is the health leg and the other is the gambling leg. Since our Governor has seen fit to put the lid on, we have observed that this gambling leg is more or less like the ordinary denizen compared to the live, progressive citizen.

It is true that we have had to fall back on our old friend the healthy leg and to you gentlemen we are indebted largely for keeping that health leg in its normal condition.

I have only one other word to say and that it this: We want you to stay as long as you see fit to remain. I beg to say to you that when you go away we shall probably miss you; that we shall likewise be happy again when you return. As mayor of this city, permit me. I take pleasure in turning over to you the keys of this entire city during your stay. I urge, I insist that you stay as long as you please; and come back as soon as you please. (Prolonged applause.)

Following this came the address of welcome on behalf of the Hot Springs-Garland County Medical Society, delivered by Dr. G. A. Hebert, President:

"Mr. President, Ladies and Gentlemen, and officers and members of the Arkansas State Medical Society: The temporary mayor has just spoken words of welcome to you, the sincerity of which admits of no doubt. I now have the honor, in behalf of the Hot Springs-Garland County Medical Society, to bid you a cordial welcome extended by the medical profession of this city. I assure you that as our guests you are the recipients of the most warm-hearted cordial welcome and greeting from every member of our Society. When the Jefferson County Medical Society, through unavoidable reasons, found it impracticable to carry out their pledge to entertain your organization at Pine Bluff, we, of Hot Springs were pleased to grasp the opportunity to bring you into our midst, so we gladly came to the front and invited you. We feel that thereby the tie which binds our local society to the State organization will be cemented all the more firmly. We believe that the profession of this State and the physicians of Hot Springs should become better acquainted with one another through personal contact. Our local profession should familiarize themselves with the conditions existing in other parts of the State, and you should know the advantages of Hot Springs

as a health resort. This will result in a better understanding between all concerned. You will thereby help yourselves by benefiting your patients and at the same time assist us.

I will not take up your time, gentlemen, by relating to you the many attractions offered by this wonderful city as a health resort; nor tell you of the wonderful healing water which flows from the neighboring hillsides, nor recite to you the many advantages natural and otherwise which we have with us; nor will I have you listen to the details of the wise supervision of the United States Government in the administration of these natural resources for the relief of afflicted humanity from all parts of the world. These have been related to you on previous occasions and should be familiar to every physician in the State of Arkansas. But I wish to take advantage of this opportunity to mention a few words concerning the Society of which you are now the guests, and which I have the honor to represent on this occasion. There are perhaps but few of you who realize the tremendous burdens which the members of this Society have had to bear in the difficult task imposed upon it of correcting the conditions which have existed in the local profession for many years, and thereby raise the standard of our profession to a higher one. These efforts have been waged ceaselessly through legislative bodies, municipal, State and national, and through the city, state and federal courts. Much has been accomplished; and we feel that not only the local physicians will be interested and benefitted by this struggle, but the Society as a whole and the State at large is interested in the outcome and will share in the result. We trust that the State Society in its deliberations will give very thoughtful consideration to this subject; that it will be ever alert to secure legislation for the proper protection of the practice of medicine locally and throughout the State. We trust that you will place men in charge who are familiar with the conditions requiring defensive action. I am pleased to state that this period of unprecedented activity in our Society has resulted in a membership larger than at any other time during its history, and that harmony now prevails where formerly factional fights impeded progress in our ranks.

It is a pleasure to me, ladies and gentlemen, to notice such a full attendance at this meeting of medical men, representatives and

leading members of our profession throughout this great commonwealth. The assembling of such a number of representative medical men can only result in good, not only to our profession but to the public generally. It is a pleasure also to notice that so many of the visiting physicians are accompanied by their wives and daughters. These women who have stood by you, who have shared in your troubles, who have encouraged you when you needed help; it is but right that they, too, should share in the recreation and in the festivities incident to an occasion such as this. (Applause and cheers.) We are glad to have them and have made provision for them. You are welcome indeed, gentlemen; but they are thrice welcome! (Applause.)

We trust that the visiting members of this Society will be so agreeably entertained at this meeting, that they will be glad of any opportunity in the future to return to Hot Springs. I therefore wish to take advantage of this opportunity to extend to the members of the Arkansas Medical Society an invitation to come to our city during the next annual meeting of the Mississippi Valley Medical Society, which convenes in Hot Springs, November 6-7-8 this year.

I hope that as many of you as possible, will take advantage of this opportunity to meet and to hear many of the most eminent men in our profession, men of national and international reputation.

Do not neglect to come here prepared to take part in this meeting—an assemblage of the most representative character imaginable. If you will attend this gathering we promise you such a profitable and enjoyable time as could not be surpassed.

Now, ladies and gentlemen, I have attempted to comply with the duty, ~~an~~ unexpectedly imposed upon me.

If I have not succeeded in making you feel welcome, I am consoled by knowing that when you meet our members and when you come in contact with our hospitable citizens you will be made to feel that you are one of us. We are glad you have come; we wanted you to come at this time, and we will want you to come again in the future. (Applause.)

President: The response to the welcoming address was to have been given by Dr. A. W. Troupe, of Pine Bluff; but so far he has not been able to reach here. Therefore, Dr. J. W. Scales will make the response in his stead. We will now hear him.

Dr. Scales: Ladies and Gentlemen: It is understood and expected of you that you will overlook and excuse the short comings of the speaker in his efforts to attempt a response to the addresses of welcome, which duty has been imposed upon me at this time. You will excuse his extreme timidity, and pardon his awkwardness in making this, his first attempt to deliver an extemporaneous talk.

I have a note here, which I hope, when it is read, will prove sufficient explanation and condone his fault in thrusting his presence upon you, and give the reason for the absence of the regular speaker. But before I read it I wish to say to the members of the Hot Springs-Garland County Medical Society, in behalf of the Arkansas State Medical Society, that you have given us a hearty welcome, you have made us feel that our friends are your friends; you have made us feel that our interests are your interests, and, above all, you have made us feel that you have an interest in the organized medical profession of the State of Arkansas.

In behalf of the lady visitors who are present it is not necessary to add that the members of the Hot Springs-Garland County Medical Society have made a reputation heretofore of greeting them *with open arms*, and for those that are here I will say that they surely expect you to maintain your previous reputation! (Laughter and applause.)

But this is not all. You have a reputation for eloquence. It is said that in your County Society you have more good speakers than can be found in any other County Society in the State of Arkansas. Many times have we listened to those pleasing voices that welcome us today. Your tones sound like the soft sweet accents of the angels or of the gentle murmuring brook stealing forth among the roses, in your effort to convince us that nature has exhausted all of its power in making Hot Springs! Indeed, you have convinced us that the golden orchard of Hesperides was but a gilded dream compared to the reality of the grandeur and beauty that greets the eye of the stranger on his first entrance into your city! (Tremendous applause.)

But not all the orators of the Arkansas Medical Society live in Hot Springs. It was the 10th or 11th annual session that your speaker first had the pleasure of attending the Society's meetings. When I entered the hall and secured a seat which was by Dr. Z. Orto, of Pine Bluff, I found a fine-

looking doctor had the floor, who talked with as much freedom and ease as it was possible to expect. He now reminds me of a bicycle that is lifted off the floor and its wheels given a sudden turn. You first think that it would be an impossibility to hold them or wait until the wheels quit revolving, but soon your attention is riveted on the easy manner in which these wheels go round. You forget that time is passing: and so it was with this speaker. One of those present leaned over and said to me, "Doctor, he is a very pleasant talker, besides he is talking on medical legislation. If you put him on a subject with which he is familiar, there is no telling what he can do." I said, "Who is he?" The reply was, "Why that is Dr. Gibson, of Little Rock." (Laughter and Applause.)

The next speaker was Dr. John T. Jelks, of this city. He had a full deep voice, spoke very briefly, but to the point. It was calculated to make a stranger think and wonder if the Arkansas Medical Society was composed entirely of orators. But when one becomes more familiar with the members of this Society he sees that there are those who have not any inclination to speak in public so my first impression has been changed somewhat. I remember some five or six years afterwards this Society was busily engaged in nominating its officers for the ensuing year, when suddenly one of the members who was being voted on, came into the hall. He heard his name called lacking something like ten or twelve votes of receiving the nomination for President. He realized that he was about to receive the nomination and the thought occurred to him that he would be called upon to make an extemporaneous speech. He was suddenly seized with an attack of cramp colic which he attributed to an overdose of boiled cabbage that he had eaten that day at the Capital Hotel. He grabbed his hat and looked around in the direction of the door, at the same time saying that he did not see why they didn't nominate a woman for that office, because they could eat cabbage and not get sick! (Applause.)

This note, which I propose to read, will illustrate very forcibly, at any rate, that not all good physicians can make a public speech. This was handed to me just about the time the train was leaving for Hot Springs, with the request from the boy who delivered it that after I had got on the train I should read it. I asked if it did not require an answer; but the little fellow did not think it was of much importance. After securing my ticket,

checking my baggage and boarding the train, I forgot to read the note until some time after the train had started. It reads:

My dear Doctor Scales:

I find just at the last moment, that it will be impossible for me to catch this train; but I will be sure to be on the next one. You will see I am down on the program for the response to the address of welcome. You always attend these meetings and know just how it has been done—attend to this for me, doctor. Do so in your own original style; just as you have so often done in your Society.

Respectfully,

A. W. TROUPE.

Now, there are two very significant remarks in this note. One is that he would be sure to *catch the next train*. (He should have said that I would be catching it in the neck!) The other is, "Do so in your own original style as you have so often done in our Society." Now, if any one knows the history of the Jefferson County Medical Society he is aware of the fact, that if there is any original style it is to *get somebody else to do the talking!*

In behalf of the Jefferson County Medical Society, I wish to say that we regret exceedingly that circumstances were such that we could not have you with us. However, our little city hopes to have you as guests next year. If you favor us with your presence, we shall be able to show you a city, which according to our last census, 1900, lacked only 89 of being the second one in the State. Now, we shall show you one that numbers 20,000 to 25,00 inhabitants. Our hotels are filled to their utmost every day, and they have not yet had time to adjust themselves to the new order of things. Besides, the leading hotel, in order to take care of its large and increasing business and adjust itself to the new conditions, is rebuilt, remodeled and enlarged. With this, I thank you.

Dr. Drennen, in behalf of the Committee on Arrangements, announced the program for the entertainment of the visiting ladies: Tuesday, 8:30 p. m.—General reception and ball, Arlington hotel.

Wednesday, 11 a. m.—St. Joseph's Infirmary; 3 p. m., Ostrich Farm, Oaklawn and State Fair grounds; 8 p. m., popular lecture, Dr. Mathews, Auditorium.

Thursday, 10 a. m.—Mt. Observatory and Army and Navy Hospital; 4 p. m., Ozark Sanitarium lawn fete; 9 p. m. Smoker (ladies and gentlemen), Park hotel.

He laid especial stress on the new fair grounds where the State Fair was to be

held, and hoped all the ladies would not fail to take advantage of the opportunity to visit the location and take note of its capacity for taking care of the large crowd comfortably.

Dr. W. S. Stewart; called to the chair. Dr. S. M. Carrigan, of Hope, delivered the following address, prefixing with a glowing tribute to the Hot Springs-Garland County Medical Society, for its action in coming promptly forward, when the State Society was in a dilemma, and extending the invitation to hold the annual meeting at Hot Springs. The invitation came just at the time when it was needed and was duly appreciated. He felt highly honored in being able to thank them personally and publicly for the courtesy extended. Texarkana it is true, asked for the meeting: but he regarded it as unjust to impose on their generosity, they having entertained the Society so royally two years ago.

PRESIDENT'S ADDRESS.

Gentlemen of the Arkansas Medical Society:

It is but proper and becoming in the members of this Society to meet in this, the greatest health resort of the continent, and thereby show to the world that we duly appreciate the advantages of this city. It is almost useless to note the fact that we have been well received by every class of citizens in this place. This display of hospitality has caused me much pleasure and delight. We have met here for mutual benefit to ourselves as well as aid to others. This is not a selfish Society, with the sole purpose of advancing the financial or political interests of any of its members. Our doors are open to all who possess the proper amount of knowledge and have the right kind of character. We meet here not to criticise our neighbors; to mix and mingle with men of high aim and purpose, and aid each other in providing the best methods and remedies for alleviating the sufferings and prolonging the lives of our fellow-men. Some of us need encouragement, and those of you who are best endowed with knowledge and the powers of imparting it will be thrice blessed and advanced in giving us the aid and assistance that we need. Our prime object is to better the condition of mankind. What nobler object can we have as an incentive for us to advance in our profession? We naturally partake of the nature of our own surroundings. It is also true that our vocations determine to a great extent the character we possess. When any member of this body discovers a beneficial remedy he immediately imparts it to others, so that the greatest good can thereby be accomplished. Thus, he has done a great good, and by so doing, he has made himself a better man and a physician of wider character and nobler purposes. Such a man is an honor to society and a credit to his Maker. A physician without such ideas and purposes, and without such hopes and aspirations, is indeed unworthy to

belong to this Society. We seek here to abandon greed, envy and selfishness. Physicians who practice the art of patenting their nostrums and disposing of them to an ignorant and confiding people without publicity as to the contents of same, certainly do not possess the high aim and purposes necessary to make them ideal physicians and citizens. It is said that "There is so much bad in the best of us, and so much good in the worst of us, that it hardly behooves any of us to talk about the rest of us." I hope, however, that I will be pardoned for criticising those whom the speaker believes should be condemned. My recommendations are:

(1). For a law that will require a higher standard of education and proficiency, as well as moral character for admission to our profession.

(2). For a law, both state and national, that will compel publicity as to the contents of all patent medicines to be taken internally.

(3). For a law, both state and national, that will require publicity as to the contents of each package of prepared food sold on the markets.

Our profession is looked to constantly to prevent public disaster, by checking and stamping out pestilence and disease. We are first to be called upon for assistance in such times, and first to respond. In such matters, the public safety is turned over to our protection, and it is well known that we have never failed in any of those great undertakings. When you are called upon to take charge of cities and states in order to stamp out or check the spread of great plagues which threaten the lives of thousands, it gives me pleasure to say:

(1). You have never shirked your duty.

(2). You most always accomplish your purpose.

(3). The cold and selfish spirit of greed and graft has never possessed your minds, nor has it crowded from your hearts the love you bear for your fellow-man and your profession.

My brethren, it is our duty to meet in these gatherings, because we cannot afford to stand still; we must advance; we should always strive for better things; we should have pride and ambition; we should each day go about our toil with new hopes and higher aims for the accomplishment of better things. To mix and mingle here with such men as constitute this Society, is worth much to us in character building, and when we depart from these meetings, which one of you can say that he has not newer and higher ideas, and that he is resolved in his heart that he will go to his work with increased courage and determination? It gives me courage to see so many of you here. To those of us who feel that we have accomplished so little: "Think not of the past; it comes not back again. But wisely observe the present; it is thine. Go forth to meet the dim and shadowy future, but with many hearts." (Applause.)

Dr. Warren moved that a committee be appointed to receive and report on the President's address, which motion, being duly seconded, the Chair appointed Dr. Wooten,

Dr. Moulton and Dr. Dunavant to act in that capacity.

Dr. Stewart retires. President Carrigan presiding.

Dr. Drennen called attention to the little printed slips showing the program of the entertainment committee which would be found on the Secretary's table. He urged that the ladies be informed on this program and be on hand at the proper time.

The Chair requested all members who had not registered to come forward and do so immediately after adjournment, and requested also that the visiting ladies come forward and register.

No new business or unfinished business appearing the General Session adjourned to meet at 2 p. m.

Afternoon, Tuesday, May 8th.

Dr. W. S. Stewart presiding.

Called to order at 2:30 p. m.

There being no reports from any of the Committees; no unfinished business nor any new business appearing the General Session, adjourned to 9 o'clock a. m., Wednesday.

Wednesday Morning, May 9, 1906.

Called to order 9:10 a. m. President Carrigan in the chair.

Dr. Drennen, in behalf of the Committee on Arrangements called attention to the fact not previously mentioned, it having been overlooked, that the courtesy of free baths was tendered to the members, at all the bath houses, at any and all times, no matter where or when, no charge would be made for baths to members and visitors attending the annual session. He also asked all the members who could possibly do so, be present in a body immediately in front of the Arlington Hotel, immediately after adjournment, in order that photographer Millinger might photograph the members in a group.

Report of Committees on President's address not being ready, it was passed.

There being no unfinished or new business, the General Session adjourned to 2 p. m.

Wednesday Afternoon, May 9, 1906.

President Carrigan rapped for order at 2 p. m., and called Dr. Dunavant to the chair.

REPORT OF COMMITTEE ON PRESIDENT'S REPORT.

Mr. Chairman:

We, your committee appointed to report on the President's address beg leave to submit the following:

We believe that the recommendations as set forth by our worthy President, in the main, are for the betterment of the Society

and the profession at large, and would especially call the attention of the Committee on Legislation and Public Policy thereto. We approve of a higher standard of education and morality for admission to our ranks and would impress this upon the State Board of Medical Examiners. In endorsing his recommendation in regard to nostrums and pure food, we desire to voice our approval of the courageous fight waged by "Collier's Weekly," "The Ladies' Home Journal" and other periodicals that have taken this stand and are relentlessly waging a war of education. We are heartily in accord with Dr. Wylie in his fight against adulterated foods, and believe our president's recommendation timely. We believe the State Medical Society should endorse a bill looking to the creation and maintenance of a *paid* State Board of Health. We do *not* feel that the time is ripe for reciprocity, but do think it should come later on when we and other states are better prepared for it, and think it should be national in scope.

Very respectfully submitted,

W. D. WOOTTEN, M. D., Chairman.

H. C. DUNAVANT, M. D.

H. MOULTON, M. D.

The Chair: Gentlemen, you have heard the report of the Committee on the President's address. What shall we do with it?

On motion of Dr. Corn the report was received and ordered filed.

Report of House of Delegates not being ready, it was passed till Thursday morning.

Dr. Canfield called attention to the delay in getting the session started every morning, and to the frequent talking in the audience during the reading of essays and during the regular session. It seemed to him that these matters should have attention. He had no motion to make; but would like an expression from some of the other members present.

Dr. Runyan: I make a motion that all delegates to the State Medical Society be ex-President's. I think it would be a good scheme. It would give them something to do and there would not be so many vacancies on your Boards. (Laughter.)

Dr. Canfield: Will you have the motion put?

Dr. Runyan: No; I will withdraw it.

The Chair: Never mind; we will have this thing up in the morning. See if we cannot all get down on time.

No unfinished or new business appearing, the General Session adjourned to 9 a. m. Thursday.

THURSDAY, MAY 10, 1906.

Morning Session.

President Carrigan in the Chair.

Called to order 9:10 a. m.

On motion of Dr. Kittrell, a vote of thanks

was tendered the local Society for its kind and courteous treatment during the session. Dr. Kittrell said that the courteous attention had been so marked and the solicitude for the comfort of members so sincere that it demanded some recognition at the hands of the State Society.

The Chair: I am sure every member present will carry home a pleasant memory of the many kindnesses and courtesies shown us while here.

No further business appearing the General Session, on motion adjourned to 2 p. m.

AFTERNOON SESSION.

Thursday, May 10, 1906.

Dr. Carrigan presiding.

Called to order 2 p. m.

A Committee bearing greetings from the Annual meeting of the State Pharmacists was presented and read the following before the meeting:

Hot Springs, Ark., May 10, 1906.

To the Arkansas State Medical Society, in Session Assembled, Hot Springs, Ark.
Gentlemen:—

The Arkansas State Association of Pharmacists, now holding their twenty-fourth annual session in this city, take advantage of this opportunity to extend their earnest and heartfelt greeting to your honored Society and to wish for both your valued Society and its individual members the fullest enjoyment and advantages for the present convention and for the future of this organization.

The State Association of Pharmacists, in common with the rest of the citizens of Arkansas, desire to express that high tribute which all mankind owes to the exponents of the highest and most important of all professions, and pray Godspeed upon all those lives devoted to the healing of wounds and the ease of pain.

Yours most sincerely,

THE ARKANSAS STATE ASSOCIATION OF PHARMACISTS.

FELIX W. McCLERKIN, Little Rock,

SAMUEL R. JACKSON, Hot Springs,

Committee Appointed for Formulating Greeting.

Dr. Mann: Mr. Chairman, I would like to make a motion that the Chairman appoint a committee of three to draft some kind of suitable expression in behalf of this Society; and see that the same is put in the hands of the Secretary of the Arkansas State Association of Pharmacists, now in session here; and that these resolutions, as well as the communication from the State Pharmacists, be made a part of our record.

Dr. Shinault: I second the motion.

The motion prevailed.

The Chair appointed Drs. Runyan, Garner and Scales as committee, to prepare acknowledgment.

The Committee retired and formulated the following reply, which was approved and ordered transmitted to the Arkansas State Board of Pharmacists:

To the Arkansas State Association of Pharmacists:

Gentlemen:—

We beg to acknowledge receipt of your letter of greeting and at the same time express to you our appreciation of your good wishes.

We want you to know that we do not underestimate the good work you are accomplishing. Without your assistance our task would not be so easy. The greatest good may only be accomplished by the combined efforts of the Medical and Pharmaceutical professions working in harmony for the alleviation of human suffering. Each has its proper sphere in which to work. We cannot afford to invade your field, neither will it be best for your members to overstep the proprieties of your profession. We should cultivate a closer relationship, as your interests are our interests, and our interests are your interests.

It gives us pleasure to extend greetings to your Association and wish you godspeed, and that you may be spared the necessity of having us to prescribe for you any of your own medicines.

Yours most respectfully,

ARKANSAS MEDICAL SOCIETY.

J. P. RUNYAN,

T. J. GARNER,

J. W. SCALES,

Committee.

The House of Delegates reported as follows:

REPORT OF THE HOUSE OF DELEGATES.

The Secretary: Mr. Chairman and Gentlemen, it was the intention that the Secretary report daily the doings of the House of Delegates, but up to the present time it has been impossible for me to make a report, only this, and that a verbal one:

The House of Delegates met on Monday evening prior to our meeting Tuesday and the reports of the Secretary, Treasurer, Committee on Scientific Work and the Publication Committee were read and referred to a committee composed of Drs. Luck, Breathwit and Westerfield.

Question of amount to be paid the Arkansas Democrat Company for printing, binding, etc., was also referred to same committee, which was also made an Auditing Committee.

There were some medical books which were sent to the Bulletin of the Arkansas Medical Society for review. It was asked by the Secretary what should be done with the books. It was moved and carried that the books sent for review be donated to the Secretary, in recognition of his services.

TUESDAY.

Members of Nominating Committee were chosen as follows:

1st	Councilor District,	Dr. J. E. Pringle.
2nd	"	Dr. J. M. Jelks.
3rd	"	Dr. W. H. Deaderick.
4th	"	Dr. B. D. Luck.
5th	"	Dr. W. A. Purifoy.
6th	"	Dr. J. H. Weaver.
7th	"	Dr. J. L. Butler.
8th	"	Dr. W. A. Snodgrass.
9th	"	Dr. J. T. Tyler.
10th	"	Dr. J. J. Smith.

Report of Committee on Legislation was called for, but the Chairman of that committee being absent, report was deferred.

There were some suggestions by the Secretary concerning various phases of Society work. These suggestions were referred to a committee composed of Drs. Hipolite, Kirby and Corn, for their investigation and recommendation.

The Secretary asked the House of Delegates in reference to paying for, prize medal for the University of Arkansas. It was stated by him that it had been customary for the State Medical Society to offer a medal through the State University to the student standing the best examination. There was no specific authority for the payment of the amount needed for the purchase of these medals since our reorganization. The Secretary desired authority to pay for these medals as ordered.

On motion the Secretary was instructed to continue paying for medals offered by the Society for the University of Arkansas, and his action in paying for previous medals was ratified and confirmed.

WEDNESDAY.

Wednesday morning Bradley County was reinstated; Polk County was granted a charter, it having been organized within the last week or so. Sharpe County is reported in the newspaper as being organized; but up to the present time the Secretary has no official report.

The committee to whom was referred the suggestions of the Secretary reported that they thought \$925 a fair sum to be paid the Arkansas Democrat Company in full of its bill. This amount has been accepted by the Democrat Company in full of all demands.

The House of Delegates directed that a medal be awarded for the best essay or treatise on original medical research during the year. If none of the papers received are deemed meritorious, no award will be made. The council being selected the Committee of Award.

Telegram from John A. Wyeth, was read, regretting his inability to be present.

Matter of revision of Constitution and By-Laws as per resolution introduced at the last session has been referred to a committee to fill out the blanks and make corrections in the revised Constitution and By-Laws, and to lie over for another year.

THURSDAY.

On Thursday morning \$25 each was ordered paid Councilors as an honorarium, and \$200 to

be paid the Secretary as an honorarium for year just ended.

Dr. John Punton, of Missouri, made an address to the House of Delegates, outlining the organization of the Southwestern Medical Society, to be composed of the States of Kansas, Missouri, Texas, Arkansas, Indian Territory and Oklahoma Territory, asking that a committee of five be appointed to confer with a like committee from the other states and territories mentioned. It was ordered that the incoming President appoint a suitable committee for this purpose.

House of Delegates ordered Dr. Mathews' lecture to be published in full in the June issue of the Journal of the Arkansas Medical Society; and also that the papers of Drs. Morgan Smith and W. S. Stewart on "Uncinariasis," together with discussion elicited be inserted in same issue.

Four sections were added to our section work, which will be given later.

The following officers were elected for the ensuing year:

President: Dr. C. T. Drennen, Hot Springs.

First Vice-President: Dr. St. Cloud Cooper, Fort Smith.

Second Vice-President: Dr. J. J. Morrow, Cotter, Ark.

Third Vice-President: Dr. L. J. Gillespie, Hope, Ark.

Secretary: Dr. C. C. Stephenson, with the recommendation that he be paid a salary of \$600 per annum.

Treasurer: Dr. J. W. Scales, Pine Bluff, Ark.

Councilors: Second District, Dr. J. M. Jelks, Searcy, Ark.; Fourth District, Dr. B. D. Luck, Pine Bluff, Ark.; Sixth District, Dr. R. H. T. Mann, Texarkana, Ark.; Eighth District, Dr. J. S. Westfield, Conway, Ark.; Tenth District, Dr. C. E. Hurley, Bentonville, Ark.

Delegate American Medical Association: Dr. E. K. Williams, Arkadelphia; First Alternate, Dr. Wm. Crutcher, Pine Bluff, Ark.; Second Alternate, Dr. H. A. Longino, Magnolia, Ark.

Section on Practice of Medicine: Chairman, B. V. Powell, Lester, Ark.; Secretary, W. W. Rice, Prescott.

Section on Surgery: Chairman, Dr. W. A. Snodgrass, Little Rock; Secretary, Dr. Frank B. Young, Springdale.

Section on Obstetrics and Gynecology: Chairman, Dr. W. H. Deaderick, Marianna; Secretary, Dr. Dewell Gann, Benton.

Section on Dermatology and Syphilology: Chairman, Dr. Thomas E. Holland, Hot Springs; Secretary, Dr. L. H. Hall, Pochontas.

Section on Pathology: Chairman, Dr. M. D. Ogden, Little Rock; Secretary, Dr. Wm. Breathwit, Draughon, Ark.

Section on State Medicine and Public Hygiene: Chairman, Dr. W. P. Illing, Little Rock; Secretary, Dr. J. L. Rushing, El Dorado.

Section on Diseases of Children: Chairman, Dr. D. O. Holmes, Mena; Secretary, Dr. C. H. Trotter, Helena.

Meeting Place: Little Rock.

This about closed the work for the year.

President of the Council submitted his report, as below, which on motion, duly seconded, was received and ordered filed.

REPORT OF THE COUNCIL OF THE ARKANSAS MEDICAL SOCIETY.

First Councilor District, G. A. Warren, Councilor—Composed of eight counties, has six organizations, and in most instances has shown increased membership during the past year, also increased interest. There is a good District Society which meets twice a year, has a membership of about thirty to thirty-five, and has interesting meetings. Two counties of this district, namely, Poinsett and Crittenden, have no county organization. Poinsett County has but few physicians who are eligible, and they are widely separated, rendering organization impracticable. Crittenden County has much material, and was organized and elected officers, but failed to make report or pay dues; and so disbanded.

Second Councilor District, J. C. Cleveland, Councilor—Is composed of seven counties, and four of these have good working societies. Three counties, on the other hand, namely, Izard, Fulton and Sharp, remain without organization; but one physician, resident in Fulton County, is a member of the Lawrence County Medical Society. There is prospect for early organization in Sharp County, if, indeed, such action has not been already effected. No District Society organization yet exists; but arrangements have been made looking towards a district organization.

Third Councilor District, M. Fink, Councilor—Has eight counties; and in each county a good county organization exists, most of which have shown an increased interest and membership during the past year. It has an enthusiastic District Society, which meets twice a year; and most of the county members also are members of this Society and attend the meetings. Programs of the meetings of this District Society are published in nice form, and would do credit to a State Society.

Fourth Councilor District, Vernon MacCammon, Councilor—Has eight counties and eight organizations, six of which have enrolled every eligible physician in the territory they embrace. The past year has shown growth in interest and membership. A District Society was organized May 7th of this year, had a good attendance and prospects are good for a successful organization.

Fifth Councilor District, F. E. Harrison, Councilor—Is composed of six counties, each of which has a good working society, and a District Society has been organized under very favorable auspices.

Sixth Councilor District, W. H. Toland, Councilor—Consists of eight counties and ——— organizations. The societies organized in this district are reported to be in a prosperous condition, showing a net increase in membership during the year, and a good feeling exists. No district organization was reported.

Seventh Councilor District, J. L. Butler, Councilor—Has seven counties, with five

organizations. During the past year the membership in the district has shown a good increase; the interest likewise has increased. A District Society was organized in February of this year, with a good attendance and very flattering prospects.

Eighth Councilor District, E. R. Dibrell, Councilor—Has seven counties, each of which has an organization. This district has a good District Society, meeting annually. There was no report from this district on account of the sickness and absence of the Councilor; hence details are wanting.

Ninth Councilor District, J. B. Bolton, Councilor—Has eight counties and five organizations, Stone, Van Buren and Newton being the counties without organization. In the five counties with organizations, a good membership is reported, and some of the best County Societies in the State. It also has a good district organization.

Tenth Councilor District, St. Cloud Cooper, Councilor—Composed of seven counties, has seven organizations. Most of these have increased their membership during the past year. Here we have some fine county organizations. This district has a district organization with the largest membership in the State. It meets twice a year and gives an interesting program.

Respectfully submitted,

G. A. WARREN,
President of the Council.

The Chair appointed Drs. Williams, Shinault and Dunavant a committee of three to escort the newly elected President to the stage:

Dr. Carrigan: I have the honor and the pleasure of having on this platform, one who has done as much good for organized medicine as any other man in the State. It is not necessary for me to say what kind of man he is—we all know he is the hardest worker in Arkansas. I wish I had the eloquence of William Jennings Bryan to express my thoughts and feelings as I would like to. It affords me the keenest pleasure to introduce to you our next President, Dr. C. Travis Drennen. (Prolonged applause.)

When the ovation subsided, Dr. Drennen spoke as follows:

One of the things I heard when I first came to Hot Springs more than twelve years ago, was this: "Any man who lives in Garland County, who is a member of organized medicine, need not, under any circumstances or conditions, ever expect any consideration at the hands of organized medicine in the State of Arkansas." I have never in my life felt that that were true. I had only been here a little while when upon my first meeting with the Arkansas Medical Society I was made Secretary of one of your sections—the practice of medicine—I was led to believe that possibly somebody had erred in their judgment. If they had not I surely would not

have been further honored, as I was, when under the new organization about three or four years afterwards I was made one of your Councilors. At the very first meeting of your Council I had the distinguished honor of being made Chairman of that body. As to the statement or to the ideas which were then entertained, certainly it is to the everlasting credit of you gentlemen who are assembled here this evening that you have entirely dissipated it. I have been made your President practically by acclamation, which is a refutation absolutely of the false impression, which I am very glad and very happy to announce to you.

To say that one occupying a position of that sort would be ungrateful and would not feel like thanking you would be almost a sacrilege, and he would not be much of an individual who failed to be grateful, and certainly very lacking in appreciation, of which I hope from my future actions, you gentlemen will never accuse me. If you have ever entertained this impression, I hope you will discard it at once. It is an honor for which, in my opinion, any man should be deeply grateful. I take it that there is more than this that is implied; that it is not alone the personality (you will excuse the thought, if you please). I will step beyond that, and believe that in the wisdom of these men that have selected me, not on account of my personality, they have selected me to champion our cause because they felt that I would be of service in the future.

It shall be my purpose as your presiding officer to see, first of all, that there be no hurtful legislation enacted during the present term. (Applause). Furthermore, I shall make it one of the purposes of my administration to see that every law now on the statute books, covering and ruling the practice of medicine, is absolutely enforced. (Applause). I shall also make it my business to see that the Society grows; that the membership shall be enlarged and brought up from 900 or a thousand, to at least 1,800 or 1,900. When we consider the number of doctors in our State, we certainly ought to double the membership of our Society. It shall be my earnest endeavor to enroll under our banner as many eligible physicians as we possibly can. In guarding our interests and securing legislation it shall be my earnest purpose to center our energies and direct our efforts where they will do the most good. Last, but not least, I shall not forget that the brotherhood of man is one thing that is always necessary when it comes to the necessity of bringing about any reform or securing any good general result. I shall promise you here and pledge my self to do everything that I possibly can that will bring about a kindly feeling between our physicians, and towards eliminating disagreeable *little* things that stick, and sting and bite.

Now, gentlemen, I have nothing to add except that next year I hope we may all meet again, and that during the coming year we may all do our whole duty to ourselves and toward each other, and more than all, while I stand in the position I now occupy as your stand-

ard bearer, and as long as I keep that position, may the flag of organized medicine in Arkansas never trail in the dust! (Tremendous applause.)

Dr. Warren, Chairman Committee of Necrology, submitted the following report:

NECROLOGY REPORT.

It is a sad reality that the number of deceased brothers increases each year, and 'ere long some other brother will be giving an account of our lives, and, we hope, in better style than we are giving the lives of the deceased since last we met. Not that the members of the present committee will be more deserving, but a physician deserves all the good things that are ever said of him, and if he be true to his profession he deserves more laud than our blunt manner can give him.

How rapidly do these annual meetings seem to come to those of us who have been coming little more than a decade; and we are sure that to those who have been attending the Arkansas Medical Society since its birth, for we have several of the organizers with us still, the time between meetings seems but a season, and a short season too; if this be true, and we are sure it is, how rapidly does time seem to hurry us on to the tomb; after we pass to the shady side of fifty. It is our duty, we think, to stop a moment and reflect over the hour that awaits us all, and decide if our lives are just as they should be, or just as they would be if we knew that our name would be one of the number for the Committee on Necrology to report at the meeting of 1907. Some of us will be of that number; but I suppose it is well that we do not know who are to be the ones that will leave our ranks even a few days ahead. How serious would our actions be, and so engrossed would we be with self that our patients would be neglected or forgotten. Would that we could spring some new thoughts and put them into sentences concerning our deceased brothers, but we are poor at originality and as poor in fine encomiums or oratory, so we must pass on to the individuals who were of us and among us in 1905, but are no more upon the scene of action in this world; yet we feel sure they merit the best there is in the world that is to come, of which the preachers talk so much, and give us such nice promises.

Dr. G. W. Hudspeth.

We now take up the name of Dr. G. W. Hudspeth, born in Dukedom, Tenn., January 27, 1851; graduated in 1878 from an eclectic school and practiced Eclecticism for some years, but he was a thinking man and an investigator, and when he saw there was nothing in being an exclusionist, he renounced his sectarianism as applies to medicine, took a course at a regular school, came boldly to the fold of non-sectarians or regulars, and was a physician, not a fad follower. For this we are due his memory a word of praise. For so many of us will refuse to be convinced because we are ashamed to acknowledge we were wrong.

Dr. Hudspeth moved to Little Rock from Hazen some fifteen years ago, and was one

among the leaders in his profession for some years before he died; true, he had his peculiarities, but we all have them, and we would not be individual if we did not have them. Dr. Hudspeth strove to do something in the field of medicine and we do not think he failed in his object. He was a close student and observer. He died October 29, 1905.

Dr. Francis Noel Burke.

He was born in Westport, Ireland, in 1830. He came to this country at the age of 23, and settled in Cincinnati, O. He had previously acquired a good literary education, and so he could easily obtain a position the first of which in a drug store as clerk. In a few years he entered the Ohio Medical College, from which he graduated with honors in 1856. At the beginning of the war he applied for a position in the army as a surgeon. He was assigned to the Trans-Mississippi division and came to Helena in 1863 as chief surgeon of Gen. Steele's division. He was in some of the hardest fought battles of the West, and on the Mississippi river. For a time he had charge of an army hospital at Memphis. In 1866 he was appointed to the position of President of the Board of Registration, and his actions on this board were so impartial as to win the admiration of the Southerner. In 1873 resumed the practice of medicine and located in Helena, and was for two years a partner of Dr. D. A. Linthicum. He was ever active in all questions pertaining to medicine; was a charter member of Phillips County Medical Society. His father, grandfather and oldest brother were physicians and surgeons in the English army. He had held every office in the gift of his County Society and was one of the members who was untiring in his efforts for his profession and Society. He knew no sectionalism, was a member of the Pension Board at Helena from its organization till 1903, when disease forced him to give up all his professional duties. He was courteous and kind to his confreres and was truly ethical. In the hearts and memories of those who knew him best his whole-souled generosity and genial personality can never be effaced. He died of paresis January 27, 1906. The profession at large and Phillips County in particular have lost a truly grand man and physician.

Dr. Thomas Jefferson Wright.

Born in Johnson County, Missouri, August 14, 1836. Died at Fort Smith, Arkansas, in September, 1905, of chronic dysentery. Dr. Wright while an undergraduate entered the medical department of the Confederate service and served through the war as a medical officer. Returning to St. Louis Medical College in 1866 he graduated from this institution.

He practiced medicine for a number of years in Warrensburg, Missouri, and Dodge City, Kansas. He came to Fort Smith in 1888, and built up a good practice; was a member of Sebastian County Medical Society and Arkansas Medical Society. Dr. Wright was a good citizen and conscientious physician; his ideals were high. Another of the old school has passed away regretted by his associates of the Sebastian County Medical Society.

Dr. L. L. Saunders.

Dr. L. L. Saunders died in Huntington, Arkansas, December, 1905, of pneumonia. Dr. Saunders was a native of Georgia; was a medical officer in the Confederate service. At the close of the war he settled in Mississippi, where he practiced a number of years. He located in Fort Smith in 1880, and soon became one of the leading physicians of this part of the State. He always took great interest in medical societies and medical organizations. For a number of years he was chief of staff of the old St. John's Hospital, and held many places of honor while a resident of Fort Smith. He was a man of strict integrity and an honorable and upright physician. He was a member of Sebastian County Medical Society and Arkansas Medical Society.

Dr. Wright Lindsey, of Little Rock.

Dr. Wright Lindsey, a prominent young physician, of Little Rock, was found dead in his room at the Rockafellow Hotel, in Hot Springs, Ark., about noon, July 13, 1905. He had been in the city about a month for the benefit of his health. Deceased left a party of friends about eight o'clock the evening previous, saying he was going to bed. That was the last seen of him alive. He had been very despondent, but no one dreamed that he was intent on taking his life. A small empty bottle that had probably contained chloral was found in his room. A friend of the doctor, Mr. George Kaney, called at his room and found that he had been dead for several hours. Coroner's jury returned a verdict that Dr. Lindsey's death was probably due to suicide. He was a son of Dr. R. W. Lindsey, one of Little Rock's prominent physicians; was about twenty-nine years of age when he died and had a host of friends in Little Rock, where he was regarded as a physician of fine ability and great promise. He was a graduate of the Medical Department University of Arkansas, 1901. The body was brought to Little Rock and funeral held from the residence of his father, 2100 Broadway, Rev. W. F. Andrews, of First Methodist Church, conducting the services.

No further business appearing, the General Session, on motion, adjourned sine die.

THE JOURNAL

OF THE
Arkansas Medical Society

Owned and Controlled by the Arkansas Medical Society with
no Other Proprietary or Business Interests Whatever.

PUBLISHED MONTHLY, Price, \$1.00 a Year in Advance.
Single Copies 10 Cents.

Published on the fifteenth of each month under the
direction of the Committee on Publication.

Entered June 24, 1904, at Little Rock, Ark., as
Second-class Matter, under Act of Congress of July 16,
1894.

All communications to this Journal must be made to
it exclusively. Communications and items of general inter-
est to the profession are invited from all over the State.
Notices of deaths, removals from the State, changes of
location, etc., are requested.

Our readers are requested to send us marked copies of
local newspapers containing matters of interest to mem-
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the name of the sender in every instance.

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Editor Journal Arkansas Medical Society,
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NEW MEDICAL COLLEGE, HOSPITAL AND TRAINING SCHOOL FOR NURSES FOR LITTLE ROCK.

A deal has just been closed whereby the
property on Lincoln Avenue, Little Rock,
used for several years past by the Maddox
Seminary passes into the hands of a stock
company for the purposes of establishing a
Medical College, Hospital and Training
School for Nurses. The property has been
bought outright. All of the stock was readi-
ly and quickly taken, and the plans as out-
lined at this writing is to open up this
fall. The property is ideal for the purposes
mentioned, and in the next issue of the
JOURNAL full information will be given,
as we are unable as we go to press to se-
cure only this much which we give in ad-
vance.

THE JOURNAL.

Quite a number of nice complimentary
letters have been received concerning the
JOURNAL, and at this writing not a "kick."
Don't understand us that the JOURNAL is so
perfect that "kicks" are not called for, as
there are good and sufficient grounds for
"kicks," but our members are so charitable
that we have been spared.

Now to the point. It is an absolute ne-
cessity to observe during the year the most
rigid economy in the management of the
JOURNAL affairs. In other words this will
be a trying year, or until it is on "its feet"
so to speak. As the years go by advertis-
ing space will be sought, instead of the hack-
neyed excuse made by numbers of houses
in reply to letters soliciting an advertise-
ment.

"Regret to say that our advertising ap-
propriation is entirely exhausted."

These same people will want space, but
the JOURNAL must wait and grow, creating
demand by age and usefulness. We, your
Publication Committee, will do the best we
can in giving the infant as good start in life
as the means at hand will permit. Be pe-
tient. Don't, knock. Boost it. Talk for it
and do all you can for it, in every way you
can, and watch the Babe of the Arkansas
Medical Society grow.

C. C. S.

TO OUR MEMBERS.

The Journal is yours, and as such you
have an individual interest in its welfare and
success. Now you can help make it suc-
ceed in one direction at least, i. e., by help-

ing those who help you. I will not say us, as this is personal to you. The advertisers in these columns are helping to pay the expenses of your JOURNAL by taking space. Will you not patronize them, "all things being equal," when you need anything in their line? Don't forget to mention your JOURNAL. Tell them you saw their "ad" in the columns of the JOURNAL of the Arkansas Medical Society. This will help considerably and will let them know their money is not spent in vain. If you think this is idle talk, you should try and secure a few "ads." You will find it the "uphill-iest" business you ever tried. Now, Doctor, patronize those represented in these columns, not because I say so, but because it's your duty as one of the owners of this JOURNAL, to do what you can to make it succeed.

C. C. S.

BOUND VOLUME OF THE JOURNAL.

The Publication Committee wishes to inform the members of the Society that we have contracted for 400 bound volumes and we want orders enough to take this number. The printers agree to print 200 extra ready for binding gratis, making 600. If these are not taken they lose this material and work, and all of the 400 not taken we lose. We estimate that 400 members want bound volumes, or about one half of the members. So it is desirable that all those wanting bound volumes will sign the order blank and send in your orders at once so that we may definitely know how many and who. If you wish a bound volume, don't wait, but attend to this at once. It will certainly relieve the suspense of your Committee on Publication who have acted as they thought best in the matter.

C. C. S.

PURE FOOD IN LITTLE ROCK.

The Board of Health has instructed City Physician Anderson Watkins to employ an assistant and make a thorough inspection of meats and vegetables at meat shops, groceries, hotels, restaurants and other places in Little Rock.

The board is also trying to prevent the sale in this city of milk that contains chemical preservatives. Dr. Watkins examined a car of milk which came to this city and found that part of the milk contained formaldehyde. The doctored fluid was poured into the Arkansas river.

The instant destruction of impure and

deleterious food products will go a long way toward making our food supply pure and wholesome.

COLUMBIA COUNTY MEDICAL SOCIETY.

Emerson, Ark., June 8, 1906.

Dr. C. C. Stephenson, Little Rock, Ark.

Dear Doctor:—The Columbia County Medical Society met in Magnolia June 6, at 1 o'clock P.M.

President C. D. Stevens in the chair. The meeting was not very largely attended, but was very enthusiastic. Several important cases were reported and discussed, among which were "Enterocolitis," reported by Dr. Longino. Remarks were made on same by Drs. Gibson, Milner and Stevens. "Acute Intestinal Indigestion," was also introduced and discussed by the members of the body.

It was decided to meet on the 4th day of July next time as there will be a barbecue, picnic and public speaking in the town of Magnolia on the 4th. Our Society can meet in the afternoon and transact the business that comes before it. The programme follows:

Address, by Dr. C. D. Milner on importance of County Medical Societies, etc.

Address by Dr. J. T. Vaughan, on "Whither are we drifting?"

"Medical Ethics," by Dr. J. T. Hawkins.

We anticipate an interesting meeting. Would be glad you would come and be in our midst, Dr. Stephenson.

Respectfully,

J. C. WALKER, Secretary.

Thank you, Dr. Walker for the above invitation. I can only regret my inability to attend. No one would appreciate meeting with the Columbia County Society any more than myself.

C. C. S.

MISSISSIPPI COUNTY MEDICAL SOCIETY.

The May session of the Mississippi County Medical Society was held at the court house. Following was the program:

Paper, "The Physiological Action, and Therapeutic Indications of the Cinchona Salts," Dr. P. P. Ferguson, Blytheville; report of case, "Retention of Urine in Man 75 Years of Age," Dr. A. L. Franklin, Manila; paper, Dr. D. C. Joyner, Bardstown; scientific study, "The Anatomy and Physiology of the Uterus and Appendages," by Drs. Howton and Minetree, Osceola and Manila.

NEVADA COUNTY MEDICAL SOCIETY.

Dr C. C. Stephenson, Little Rock, Ark.

Dear Sir:—The Nevada County Medical Society met the first Monday night in June, the regular monthly meeting.

The following officers were elected:

Dr. Wm. W. Rice, re-elected president.

Dr. J. M. T. Gill, vice president.

Dr. J. S. Chastian, secretary and treasurer.

We intend to make this year one of the brightest in the history of the Nevada County Medical Society.

Yours truly,

Wm. W. RICE, M. D.

Keep the good work up brother.

C. C. S.

—x—
THE MISSISSIPPI COUNTY MEDICAL SOCIETY.

Osceola, Ark., July 2, 1906.

Dear Doctor:—The next session of the Mississippi County Medical Society will be held at the court house in Osceola, on Tuesday July 17, 1906, at 10 o'clock a.m. As we are in the midst of the Malarial season, Malaria will be the general topic for discussion. Won't you come, Doctor, and give your brethren the benefit of your observation and experience.

Fraternally, etc.,

THOS. G. BREWER,

Secretary.

The above is a copy of a card sent to the members of the Mississippi County Society. Dr. Brewer is a good worker.

—x—
Dr C. C. Stephenson, Little Rock, Ark.

Dear Doctor:—Find enclosed check for two dollars (\$2.00) as State dues for Dr. C. T. Black, who has just graduated from Memphis Hospital, Medical College, April 27, 1906, and has joined us. So please send him the JOURNAL, present issue. We met last night with every member in attendance, taking in the Doctor and several undergraduates attending. All said it was the best meeting of the year. Would be pleased to have you meet with us if possible. We intend to have a banquet soon.

Yours,

T. E. RHINE,

Secretary Calhoun County Medical Society.

Thank you, Dr. Rhine. I certainly wish I could attend your meeting. In fact I would like to visit every Medical Society in

the State, but you can see that this would be quite expensive. Any way I am glad to note your good work, which you all must keep up.

C. C. S.

—x—

Clarksville, Ark., June 6, 1906.

Dear Doctor Stephenson:—After practicing medicine for twenty-two years in Coal Hill I have moved to Clarksville and will practice medicine here twice twenty-two years if I live that long, so please send me the BULLETIN regularly for I am always anxious to receive it.

Fraternally,

W. R. HUNT, M. D.

Will send you the JOURNAL, Doctor, instead of the BULLETIN, and I certainly hope you will live the twenty-two years mentioned, and at the expiration of this long period, you will retire full of honors and good works, with a satisfactory accumulation of this world's goods and an inexhaustible bank account in Heaven.

C. C. S.

—x—

Dr C. C. Stephenson, Little Rock, Ark.

Dear Doctor:—Please make a note in the JOURNAL that I will be out of the city from middle of July to middle of September, doing post graduate work in Europe, and oblige,

Yours truly,

R. H. T. MANN.

"Bon voyage" Doctor, is our wish.

—x—

DR. KEATING BAUDUY.

Dr. Keating Bauduy of St. Louis has located in Little Rock and will make a specialty of nervous and mental diseases.

Dr. Bauduy was Clinical Professor of nervous and mental diseases in the Missouri Medical College for a number of years and resigned to accept the Chair on same in the College of Physicians and Surgeons which he held until the Spanish-American war when he resigned to go to Cuba on Lee's staff. Welcome brother.

—x—

CHIEF SURGEON OF MIDLAND VALLEY.

A circular issued by General Superintendent John H. Harris announces the appointment of Dr. H. C. King to be chief surgeon of the line, with offices in Fort Smith, vice Dr. B. Hatchett resigned. The appointment became effective July 1, after which date all company surgeons have been instructed to report to the new chief surgeon.

PERSONAL MENTION.

Dr. Seelig, of St. Louis, visited Little Rock on the 1st.

Dr. Abington of Beebe paid Little Rock a visit since our last issue.

Dr. Keating Bauduy of St. Louis has recently located in Little Rock.

Dr. A. M. Stewart, of Dalark, Ark., was in Pine Bluff recently visiting friends.

Dr. J. W. Scales, of Pine Bluff, our treasurer, visited the A. M. A. at Boston.

Dr. C. K. Caruthers, of Pine Bluff, paid Memphis a visit recently on business.

Dr. G. Marion Duckworth, Pine Bluff, has returned after six months spent in Europe.

Dr. Zaphney Orto has been appointed president of the Pine Bluff Board of Health.

Dr. R. W. Ratliff has been appointed on the United States pension board at Jonesboro.

Dr. Worthington of Beebe who has been ill for some time, is able to resume his professional duties.

Dr. Z. Orto of Pine Bluff went to Louisville, Ky., on a business trip since the last issue of the JOURNAL.

Dr. Hamilton, a well-known physician of Wagoner, I. T., was a guest of the Brook Hill, Pine Bluff, recently.

Drs. E. T. Cook, Samuel C. Van Leer and Oscar S. Burroughs, Hot Springs, have been added to the registered list.

Dr. Arthur C. Jordan, Pine Bluff, recently suffered an attack from heat prostration while performing an operation.

Dr. W. C. Dunaway who has been in bad health for the past two months has returned from Hot Springs much improved.

Dr. A. G. Thompson and son, Lowe Thompson, of Pine Bluff, left for Chicago. Dr. Thompson will visit the Red Men's convention.

Dr. M. L. Underwood of Stuttgart returned from Macon and Calleo, Mo., where he spent some ten days looking after business interests.

Dr. and Mrs. C. R. Shinault of Little Rock arrived yesterday afternoon over the Iron Mountain and are the guests of Mrs. Shinault's parents Mr. and Mrs. J. B. Pil-

low. Dr. Shinault will leave in a couple of days for Little Rock, while Mrs. Shinault will spend several weeks with her parents.—Helena World.

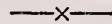
Dr. and Mrs. A. W. Troupe, of Pine Bluff, have left for Indiana, where their son will enter the Culver school. From there they will go to Chicago and other northern points.

While Dr. J. A. Meek was coming out of the opera house at Jonesboro, July 3; he accidentally fell, cutting a large gash in his forehead. The wound is very painful but not serious.

Dr. B. W. Flinn, of Little Rock, has been operated on for appendicitis since our last issue. The operation was done at St. Vincent's Infirmary. We are glad to note that the Doctor is getting along nicely.

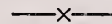
Dr. M. L. Underwood of Stuttgart, left Saturday for Caleo, Mo., where he has purchased a drug business, and will also engage in the general practice of medicine. This is Dr. Underwood's old location where he practiced several years.

Dr. J. W. Walton, one of Benton's successful practitioners, is erecting a \$15,000 concrete block business building southwest of the square, and it will be completed about August 1. It will be two stories, with four stores on the ground floor and an opera house on the second. It is 100 by 85 feet, the largest business house in town.



CARDS REPLACE CONTAGIOUS DISEASE FLAGS.

In line with recommendation of the Pulaskee County Medical Society it has been decided to abandon the red and yellow flag as a sign of contagious diseases and City Physician Watkins has received from the printers a large supply of cards printed on white cardboard with heavy black lettering bearing the words "smallpox," "diphtheria," and "scarlet fever" together with a warning to keep away. These are posted on the houses in place of the colored flags used heretofore.



DR. W. H. BLANKENSHIP ELECTED CITY PHYSICIAN OF PINE BLUFF.

Dr. W. H. Blankenship was elected city physician, a position created at the last meeting of the council. Dr. Blankenship was formerly secretary of the city Board of Health.

MARRIAGES.

Dr. J. C. Law, of Fort Smith, was married to Miss Lulu Beck, June 15.

Dr. Fred Bolton and Miss Ruby King were married at Eureka Springs, May 31.

Dr. Henry Clinton Rushing of Magnolia and Miss Mattie Campbell were married at Foreman, June 20.

Dr. J. H. Bell and Miss Maggie Key were united in marriage at the Methodist church at Okolona, June 21.

Dr. D. T. Walker, of Nettleton, Ark., and Miss Emily Hays were married at the home of the bride's parents at Ozark June 27.

Dr. Sawyer Stell, of Wilmar, and Miss Allie Simpson were married at the home of the bride's mother at Monticello, June 20.

Dr. B. F. Walker of Nettleton and Miss Emily West Hayes were married in the Methodist church by Rev. W. T. Thompson.

Dr. W. H. Simmons, of Fordyce, Ark., and Miss Lydia A. Cook, of Hot Springs, were married at Hot Springs July 3, by Rev. C. C. Godden.

Dr. Jos. H. Downs, of Vilonia, and Miss Ida Reynolds, daughter of Dr. J. M. Reynolds, of Naylor, were married June 27, at the home of the bride.

Dr. Keating Bauduy and Miss Sadie Cohen were married at the residence of the bride's parents, Little Rock, on Thursday July 5.

The JOURNAL extends hearty congratulations and best wishes for a long and happy union and prosperous future to all of the above.

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A CORRECTION.

On page 44 of the last number of the JOURNAL the last two paragraphs of Dr. Stewart's remarks in closing the discussion on Uncinariasis should have been omitted, as the preceding paragraphs are a correction of these. Look up this number and mark the last two paragraphs out, as they contain some stenographic errors that are misleading.

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DR. E. H. STEVENSON MADE PRESIDENT OF NATIONAL ECLECTICS.

At the closing session, June 21, of the National Eclectic Medical Association, Dr. E. H. Stevenson of Fort Smith, Ark., was elected president, and Los Angeles, Cal., was selected as the next meeting place.

DIED.

Dr. Charles Rye died at his home in London June 16.

Dr. W. H. Goodwin of El Dorado died June 15, at his home of heart failure.

Dr. C. W. Slayton, aged 61 years, a native of New York, died at his room over 116 West Fourth street.

Dr. A. R. Bills, who was probably the oldest physician of that section, died May 25, at his home at Sulphur Springs, and the Masonic lodge of that place of which he was a member, took part in the burial. Dr. Bills had suffered from dropsy some weeks.

—X—

RESOLUTIONS.

Dr. A. R. Bills was born in Bourbon county Ky., June 12, 1850. Graduated from University of Kansas City, located at Maysville in 1882. Came to Sulphur Springs in 1889 where he departed this life May 23, 1906.

WHEREAS, The Supreme Ruler of the Universe has in His infinite wisdom called for among us, one of our esteemed members, Dr. A. R. Bills and

WHEREAS, The relations held with him in the discharge of his duties as a physician, citizen and a member of this Society make it befitting that we record our appreciation of him. therefore be it

Resolved, That his service, contributions and counsel will be held in grateful remembrance.

Resolved, That in the sudden removal of such a man from this Society we have lost a progressive physician, a good citizen and there is left a vacancy and shadow that will be realized by all the members and friends of this organization.

Resolved, That with deep sympathy with the bereaved ones of the deceased, we express our hope that even so great a loss to us all may be overruled for good by Him who doeth all things well.

Resolved, That a copy of these resolutions be spread upon the Minutes of the Benton County Medical Society, a copy furnished his wife and family, a copy published in the JOURNAL of the Arkansas Medical Society and a copy furnished the bereaved relatives.

F. G. EUBANKS,
A. D. KNOTT,
J. H. BEARD,

Committee.

MEMBERS AND EX-MEMBERS OF THE PROPRIETARY ASSOCIATION OF AMERICA.

Below is a list of twenty-seven firms who were written to in December, by the Publication Committee of the State Society. Their names had appeared in the list of members of the Proprietary Association of America, published by the *Journal of the A. M. A.*, and they were requested to set forth an explanation of their somewhat equivocal position, for it is now pretty generally recognized that the Proprietary Association is strenuously fighting the efforts of the American Medical Association to remedy the nostrum evil.

Unfortunately, the entire correspondence is too voluminous to publish. Some of it would undoubtedly be of considerable interest to our members, and some of it would probably be very amusing. One or two firms seemed to resent our respectful inquiry as impertinent. Why, forsooth, should the humble and groveling physician dare to ask impertinent questions as to the business of his owner? All that is necessary for the physician to do is to go right ahead and mind his business and believe what he is told. Questions are impertinent!

We take pleasure in announcing that the following firms have signified their resignation from the Proprietary Association of America: Fairchild Bros. & Foster, New York; The Fellows Manufacturing Co., 26 Christopher Street, New York; E. Fougere & Co., 2 N. Williams Street, New York; Kress & Owen Co., 210 Fulton Street, New York; The Fraser Tablet Co., New York; Mariani & Co., 52 West Fifteenth Street, New York; The Purdue Frederick Co., 298 Broadway, New York; Scheffelin & Co., 170 William Street, New York; Geo. C. Fry, Portland, Me.; Horlick's Food Co., Racine, Wis.; Johnson & Johnson, New Brunswick, N. J.; Keasbey & Mattison Co., Ambler, Pa.; Lambert Pharmacal Co., St. Louis, Mo.; Mellier Drug Co., St. Louis Mo.; Mellin's Food Co., of N. A., Boston, Mass.; Micajah & Co., Warren, Pa.; Schlotterbeck & Foss Co., Portland, Me.; Smith, Kline & French Co., Philadelphia, Pa.; The H. K. Wampole & Co., Philadelphia, Pa.; The Alkalol Co., St. Louis, Mo.

The following firms have advised us that they still retain membership in the Proprietary Association, so we may still regard them as endeavoring to controvert the efforts of the medical profession to put a stop to the

fraudulent nostrum business: The Chas. N. Crittenton Co., 115 Fulton Street, New York; Seabury & Johnson, New York; The Cystogen Chemical Co., St. Louis Mo.

The following have not considered it necessary to do us the courtesy to reply: Geo. J. Wallau, 2 and 4 Stone Street, New York; Arthur Peter & Co., Louisville, Ky.; Katharmon Chemical Co., St. Louis, Mo.; The Myttenback Chemical Company, Evansville, Ind.—*California State Journal of Medicine*.

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CONVENTION OF NEGRO PHYSICIANS ADJOURNS.

Two Days' Session Came to End With Banquet—Dr. E. B. Odom of Biscoe Elected President.

The Negro State Medical Association, held in Little Rock, closed its thirteenth annual session after one of the most successful meetings since the formation of the organization. A number of papers were read and discussed, among them being "Diagnosis," by Dr. G. W. Hayman; "Tuberculosis," Dr. J. M. Robinson; "Pharmacopoeia," Dr. W. O. Foster; "Epilepsy," Dr. J. O. Hickman; "Diseases of Infancy," Dr. W. J. E. Bruce; "Insantiy," Dr. J. M. Wilson; "Ophthalmia Neonatorium," Dr. E. J. Money; "Unrecorded Incompatibility," Dr. A. B. Coffin; "Change in the Female Human Life," Dr. J. W. Rowland.

The Association elected officers as follows: Dr. E. B. Odom, Biscoe, president; Dr. J. G. Thornton, Little Rock, first vice president; Dr. Arthur Hicks, Scott, second vice president; Dr. G. D. Dukes, Dermott, third vice president; Dr. J. O. Hickman, Little Rock, corresponding secretary; Dr. J. B. Meaddoughs, Little Rock, recording secretary; Dr. J. W. Rowland, Little Rock, treasurer. The delegates to the National Medical Association are Drs. C. M. Wade, G. W. Hayman, W. O. Foster, Ed Turner and J. H. Smith. The delegates to the National Business Men's League are Drs. G. W. Hayman, E. J. Money, C. A. Smith and R. J. Meaddoughs. Pine Bluff was selected as the next place of meeting.

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FOR SALE.

Completely furnished office for sale in good down-town location. Am leaving city on account of health. For particulars address Dr. E. C. Thorne, 207½ Main St., Little Rock, Ark.

ITEMS FROM BOONE COUNTY.

Dr. Geo. Elam, of Eros, Marion County, has moved to Bellefonte, and will join our County Society.

Dr. A. J. Vance, of Harrison, has lately returned from attending the Clinics of the Mayo Bros. at Rochester, Minn. Mrs. Vance, his estimable wife, accompanied him.

Dr. Hodgen Kirby, of Harrison, who graduated from Washington University in May, has secured a position as an Interne for one year in the St. Louis City Hospital.

Dr. J. L. Reich, of Everton, who for some years has been overseeing his extensive telephone lines, has delegated that work to another and will now devote full time to his profession.

Dr. E. L. Evans has moved from Harrison to Springfield, Mo.

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RESOLUTIONS FROM THE MISSISSIPPI COUNTY MEDICAL SOCIETY ON THE INSURANCE QUESTION.

Osceola, Ark., July 2, 1906.

Dear Doctor:—At the May session of the Mississippi County (Ark.) Medical Society, the following resolution was passed, and the Secretary instructed to send a copy to each physician in the County, to the secretaries of the various County Societies, of the Arkansas Medical Society, and of the American Medical Association, and to the Medical Department of each of the Life Insurance Companies who have representatives in this County:

"WHEREAS, In view of the disposition on the part of certain Insurance Companies to reduce the fee for medical examinations to the lowest possible sum, on the plea of economy, and

"WHEREAS, We recognize the fact that the duties of the Medical examiner are the most arduous and the most responsible of any who have to do with life insurance, and that

he is at the same time the poorest paid for his service, and

"WHEREAS, We recognize, and will endeavor to uphold the dignity of the profession in every way possible, therefore be it

"Resolved, By the Mississippi County (Ark.) Medical Society in regular convention assembled, that the minimum fee for medical examinations in Life Insurance, when the applicant comes to the physician's office, shall be \$5.00. For Microscopical and Chemical examination of Urine, and X Ray examinations, the fee shall be the customary charges for such work when done by specialist in this line.

"Resolved, That we, as physicians and gentlemen, and as members of this Society, pledge ourselves to be governed by this resolution."

The above resolution was passed unanimitously.

THOS. G. BREWER. Secretary.

—X—
NEW HOSPITAL AT MENA.

\$25,000 Building for Sick Railway Employees to Be Erected.

The railway employees' hospital is now an assured fact, as the bonus asked by the company has been secured, and a \$25,000 building will be erected. Mena being centrally located, is an ideal place for this institution, and the high mountain air is also invigorating to convalescents.

—X—

NEW MEMBERS OF THE A. M. A. IN ARKANSAS FOR MAY.

Cunning, John R., Lonoke.
Corrigan, Michael B., Monticello.
Gaddy, L., Atkins.
Gray, Oscar, Little Rock.
Mount, M. F., Hot Springs.
Parker, James, De Vall's Bluff.
Pate, C. N., Ft. Smith.
Pettus, C. S., El Dorado.
York, Wm. W., Ashdown.



Papers Read and Discussions on Same

Before the Arkansas Medical Society, Hot Springs, May 8-10, 1906.

AINHUM.

(By Dr. O. M. Bourland, Van Buren.)

As but few cases of ainhum have been reported in this country, and as far as I am aware, none have been reported in this State, I now report my case, its rarity being my excuse. In 1897 I was consulted by a negro woman, 27 years of age, concerning a diseased toe. Her father was from North Carolina, and her mother from Georgia. My patient had several brothers and sisters; but she was the only member of the family affected. She had been suffering for several months from soreness in, and the formation of, a horny growth around the fifth toe. At times the scaly growth would come away and the soreness would improve. It began as a fissure under and to the inner side of toe, and gradually extended until it encircled it. In this fissure there was constantly forming a hard epithelial growth. Under this hard growth at times ulceration would ensue and cause a watery exudation. This constriction was near the inter-phalangeal joint. It gave the toe the appearance of having a string tightly tied around it. The distal end of the toe looked a little swollen and somewhat round. As this condition had existed several months and caused pain on walking, I amputated at the metatarsophalangeal joint. In 1905 I was consulted again by this patient, it being eight years since I had seen her. The remaining fifth toe had become similarly affected to the one I had amputated some eight years before. As there was not much pain, she was advised to let it alone. About three months after this consultation, the toe came off by spontaneous amputation. Since that there has been no pain, the toe having healed nicely, and there is no protrusion of bone or other tissue, the stump being as smooth and round as if amputated by the knife.

This curious disease was first reported by da Silva Lima of Brazil, and it was thought for quite a time that it was confined to Brazilian territory. Since then many cases have been reported from different parts of the globe. The name, Ainhum, means "to saw", as the toes seem to be amputated by a slow, sawing process. It occurs almost exclusively among negroes, chiefly males. In this country a few cases have been reported from the Southern States. Dr. Hornaday reports a case from North Carolina. Dr. Horwitz of Philadelphia and Dr. Shepherd of Canada both report cases whose antecedents were from North Carolina. It is worthy of note that my case was of the same antecedents, i. e., North Carolinians. It may occur at any age, but usually between 30 and 35 years. It has been reported in utero by Guyot. Its duration may be from one to fifty years.

The histology shows it to be a hyperplasia and ingrowth of the epithelium that pushes down and strangles the papillae. In this way the blood supply is cut off from the epithelial

cells, and they then undergo a horny change. The pressure upon the nervi vasorum sets up vascular changes, which brings about epithelial changes in more distant areas. It is an inflammatory and trophic phenomenon which results in endosteitis obliterans. The bone tissue is gradually absorbed, and replaced by fibrous tissue.

Many theories as to its etiology have been advanced. Some have thought the wearing rings on the toes to be the cause. Others suggest that foreign bodies, such as sand or other irritant, very readily get into the digitoplantar fold and set up an inflammation which may result in ainhum. Others think it is a parasitic disease. As my patient wore shoes and never wore rings upon her toes, I am led to look for the cause outside of ordinary irritants. I commend the study of the etiology of ainhum to those of our membership who can enter upon it; and believe there is yet enough to learn about it to exalt to the pinnacle of fame the name of the investigator who tells us all about it.

—X—

OPHTHALMIA NEONATORUM.

(By Dr. R. H. T. Mann, Texarkana.)

Mr. Chairman and Gentlemen:—

Each year a number of children hopelessly blind from ophthalmia neonatorum are brought to my office by anxious parents to see if sight cannot be restored to them. While I may not be able to present any new facts on this subject, yet if I succeed in emphasizing some old truths, I will feel that this paper has had a mission.

Ophthalmia neonatorum is an inflammation of the conjunctiva of the new born, due to the eyes becoming infected as the head passes through the vagina. The infection is due to the gonococcus of Neisser in many cases, but it is not always due to this cause. Any purulent discharge from the vagina may cause ophthalmia neonatorum. This is a fact well to be remembered, for the physician in attendance who informs parents that either one or the other is a sufferer from gonorrhoea may destroy his usefulness with that family.

Cases in which the infection is due to gonorrhoea run a more rapid and destructive course than where it is due to some other form of infection. The disease may make its appearance at any time from a few hours to six or seven days after birth. The lids are at first a little swollen and red, and there is a little purulent discharge. The swelling increases rapidly until it is with great difficulty the lids can be opened to examine the eyes. The discharge becomes very profuse.

This disease can be prevented in almost every case. In fact, some oculists claim that it can be prevented in every case. Whether this is true or not we know that where preventive measures have been instituted the percent. of cases has been greatly reduced.

To Prof. Crede of Leipzig, is due the honor

of first instituting preventive methods in 1882. Crede's method consists in dropping a few drops of 2 per cent. solution of silver nitrate into the eyes of new born babies. A ten per cent. protargol serves the same purpose, and certainly is less irritating to the cornea. Before the method of Crede the percentage of cases of ophthalmia neonatorum varied from 19 to 4 per cent. in various lying-in institutions it was reduced to two-tenths per cent. and that could usually be attributed to faulty technique.

We can more fully appreciate the value of preventive methods after we have gone more carefully into the statistics of the disease. More than 25 per cent. of the world's blindness is due to this disease alone. There are more than 12,500 people in the United States alone blind from this disease. These unfortunates, besides being deprived of sight through life, are being supported at a cost of several million dollars per year.

The treatment of this disease is simple. Two trained nurses should be put in charge of the case, one for night and one for day. The eyes should be bathed and the secretion gently wiped away from the margin of the lids every half hour with boric acid solution. At intervals varying from one to four hours, depending on the severity of the case, a few drops of a 10 per cent. solution of protargol should be dropped into the eye.

It is to Miles Standish of Boston that we are indebted for a very careful and exhaustive study of the treatment of purulent conjunctivitis. In the Massachusetts Charitable Eye and Ear Infirmary there is a separate building devoted exclusively to the treatment of contagious diseases of the eye. In fifty cases treated with nitrate of silver solution alone, in 3 or 6 per cent. the eyes were lost or vision greatly impaired. In 150 cases, treated with protargol alone vision was lost or greatly impaired in 3 or 2 per cent. The protargol solution was increased in strength from 4 per cent. at the beginning to 20 per cent. in last fifty. The last fifty of these 150 cases in which 20 per cent. protargol was used no eye was lost.

The records of this building show that of 114 consecutive cases admitted with clear cornea, in which the remedies used were protargol and argyrol, no eye was lost, nor did any develop corneal ulcers. Miles Standish's report further shows that a 10 per cent. solution of protargol answers better than a 20 per cent. There were eighty-nine cases of gonorrheal ophthalmia treated in patients over five years of age and the best results were obtained from the use of a 10 per cent. protargol solution.

Argyrol in 25 per cent. solution acts well except in cases with corneal ulcers. Cases treated with nitrate of silver remained in the hospital one week longer than those treated with protargol or argyrol. Protargol and argyrol are much easier of application than the nitrate of silver. With these it is only necessary to drop a few drops into the eye. They are heavy solutions and gravitate to the deepest parts of the conjunctival sac. No manipulation, such as everting the lids, is necessary. This is of great advantage for any manipula-

tion may produce a corneal abrasion; thus opening the way for infection of the cornea. Corneal ulcers are the most dreaded complications of this disease. It is, therefore, of the utmost importance to keep the cornea intact. The most delicate touch is needed in treating these cases. In those cases in which corneal ulcers occur, the treatment is the same, with the addition of keeping the pupil dilated with a solution of atropia. Ice compresses which were much in vogue a few years ago, are of little use. They may to some extent retard the swelling and make the patient more comfortable, but they have no effect on the duration of the disease. Neisser states that the gonococcus does not grow below a temperature of 86 F. Miles Standish used ice compresses on a case of gonorrheal ophthalmia constantly for 22 hours. The temperature in the conjunctival sac was 100 F. before the use of ice, during the use of the ice compresses the temperature was taken every hour and at no time was it less than 98, 12 degrees above the temperature to retard the growth of the gonococcus.

In conclusion I wish to state that the prevention of this disease is so simple, so easy, so free from danger and takes so little time, that I cannot see why it is not used in every case.

DISCUSSION.

Dr. Stephenson: I do not know that I can say anything about Dr. Mann's paper except this one thing: that is, where the Crede method is not employed or some modification of it, the physician in charge ought by all means to impress upon the nurse in attendance the importance of calling his attention to any conjunctival irritation that may take place, and stop this abominable method of putting milk in the eyes and using tea-leaf poultices and poultices of bread-crumbs, etc. (Laughter and applause.) There are numbers of cases of children who are blind today due wholly to some ignorant negro granny. If those cases were reported to the physician at the time and their attention called to it, there is no doubt in my mind but what the number of cases of blindness could be avoided. Dr. Mann has struck the key-note in insisting on the Crede method. But, how many of us use it? For various and sundry reasons, it is overlooked. But, where it is used, as he says, there is no case of ophthalmia neonatorum. His treatment I heartily endorse all the way through. I cannot add anything to it. But I do think, though, that the practitioner should, by all means, enjoin whoever is in attendance on these cases to notify him at once if any conjunctival irritation takes place.

Dr. Guthrie: Sometimes what we have not seen, in particular instances, is worth as much to us as what we have seen. I have had considerable experience in the practice of obstetrics, and I have never had a case of ophthalmia neonatorum. Since the first year I have practiced, I have never allowed myself to leave without having washed the infant's eyes myself, and to show the attendant nurse, whoever she might be, how it was done, that is, washing the eyes with a solution of boric acid. I always have a pint prepared. I do

that washing myself for the first time, and show them how to do it, and insist on it being done, even if the eyes appeared to be well, twice every day for the first few days. I never saw a case develop in the cases that I have had care of, and, while I cannot offer any suggestions as to the treatment of it, I feel like I want to record my experience in that line. I believe the reason that I have had no case to develop is due to the fact that I strictly forbid that any other application should be made to the eyes of the child as long as I was in any way held responsible for the case. I give them to understand that they must not look to me or hold me in any way responsible and to regard my connection with the case any longer at an end, if they put anything else on the child's eyes except the solution that I order. I generally have it with me. I rarely ever go to attend a case but what I have a pint of the solution with me. I think we would have less cases of ophthalmia neonatorum to talk about if we all adopted that method of doing it where we haven't got a perfectly competent nurse, and no matter how experienced the nurse or attendant may be, to take sufficient pains to show them how to do the work fairly well. I believe in putting bread crumbs in the mouth at the right age, instead of in the eye.

Dr. West: I think there is only one solution of the problem; that is, that this association appoint a committee of two men that will go to the State legislature and require from them the same they do from young men practicing medicine. Go before the board and be examined as to your qualifications. It is not what solution you use, or what bread-crumbs, but a matter of qualification of the attendant.

Dr. Gibson: When I hear a paper of this tendency read before this society, I am reminded of a temperance organization that existed in Little Rock 25 or 30 years ago. It was composed of old staid members of the Presbyterian church. They met every Thursday or Wednesday night, they had prayers and they uttered the most terrible diatribes against the use of liquor. There wasn't a member of that organization that had ever tasted liquor, or if they ever tasted it they could not continue to taste it. But they went there and lectured to each other year in and year out, but the men who drank the whiskey and the women who drank the whiskey were never there to see those fearful examples of misery and ruin wrought by liquor.

So it is in this Society today. We have had several papers on this subject. It has been agitated throughout the United States. The great power of legislation has been invoked to stop it. But it is a campaign of education. If any member of this Society has had a case of that kind in his practice, he is guilty and ought to be sued for malpractice. I do not believe a member here has had such a case that he had under his own treatment. The trouble is these things do not get to the people that need them. If we cannot get some practical results from a practical paper like this, we are just whistling to the wind to keep up our own courage, which is not necessary. The suggestion of Dr. West is a wise one, but

after all, it is a campaign of education. You can pass laws until the end of the world, but unless you have the intelligence to have them enforced and the public sentiment to force them, they will be null and void. If this Society should take any action at all in addition to commending the very able paper, it should be in the direction of getting this before the common people. In fact, I might almost say the uncommon people of Arkansas today. You may abuse the negro midwife and the white nurse, but there are a great many people who do not know any other kind, and unfortunately there are some that do not even know that kind. If anything is to result from this, it must be brought before the people that every case of sore eyes, and I ask you not to call it anything more severe or technical than common sore eyes, is a signal of danger. In the older States where the population is thicker and the means of communication are better, it may do some good, but this Society can discuss these papers from a technical standpoint from now until doomsday and no good will result from it, because, I suppose, and I believe it is so, that no member of this Society would be guilty of having a case like that upon his hands. What I rise to suggest is to disseminate this knowledge. If we appoint a committee to bring this before the legislature, you can pass a law, but the thing is to bring it before the people. If we would appoint a committee that would take the precaution to disseminate this knowledge throughout the State, maybe in the next year we might save one pair of eyes, and in the next year two or three pair, and that would be doing more than discussing this thing from a technical standpoint for fifteen years.

Dr. Moulton: I wish to commend the paper and all that was said in the matter of discussion. I wish to say along the line of what Dr. Gibson said, but in contradiction to what he said, that I believe all these discussions of this subject among medical men do do some good. If there is any subject in connection with diseases of the eye that is thoroughly taught in the medical school, it is this one subject. Every graduate of any reputable medical school, whether he knows anything about any other disease of the eye or not, knows all about ophthalmia neonatorum. I want to call your attention to the fact, and I believe you will all agree with me, that these cases of blindness that result from ophthalmia neonatorum do not result in cases that have been from the first under the care of a medical graduate. Consequently, we do not need to tell each other all about it, or how to treat this disease. We all know about it. But, the question is to reach those poor people who, when the child is born, have no physician or have an incompetent midwife who employ the treatment that Dr. Stephenson has told you is so often employed.

Now, I am a firm believer in the Crede method and all that. I believe that it ought always to be practiced, especially in cases where there is the least suspicion that such a disease might develop, but I would go further.

I am a firm believer in the laws that have

been passed by some states and that have been proposed but not yet passed in others, compelling every case of sore eyes developed in an infant during its first week of life to be reported by the nurse or the parents to the physician in charge in confinement, if there was one, and if not to some regular physician or member of the local board of health. Now, if this is done, the case would come into the hands of the proper practitioner and probably be saved. Almost all eyes, even after the ophthalmia neonatorum has developed, can be saved if they are put directly on proper treatment. It is very seldom that ophthalmia neonatorum results in blindness if it is properly treated from the first. Of course, it is better to prevent than to properly treat a case, but, if those cases when developed, could be brought into the hands of a competent practitioner, the majority of them would be saved. Of course, such a law will not bring every case into the hands of the physician, and the law will be evaded partly through ignorance and sometimes through willfulness, but if such a law is upon the statute books, with a penalty attached, its enforcement once in a while will help to draw the people's attention to it. It will help out Dr. Gibson's plan of a campaign of education. A few convictions or one conviction in a community for a violation of that law would do more to call the public's attention to the necessities of such cases than all the preaching you could think of. I am a firm believer in that law, and I believe every State ought to pass it.

Dr. Vinsonhaler: This subject is specially interesting to every practitioner. I like the gentleman's classification of the cases of ophthalmia neonatorum. I believe the records of lying-in institutions show that only about 70 per cent. of the cases of ophthalmia neonatorum show the presence of the diplococcus of Neisser upon microscopical examination, and that the balance are due to other pus-producing germs. The bacilli coli communis, pneumococcus and streptococcus all have their share in making up the balance of the 100 per cent. It is only in ophthalmia neonatorum due to the presence of the diplococcus of Neisser and the gonococcus in which the method of Crede will accomplish any good. The 10 gr. solution of nitrate of silver will sterilize the sac and destroy the gonococcus. The other pus-producing germs do not yield to instillation by Crede's method. The use of the 10 per cent. solution of protargol in place of the solution of Crede has been abandoned in some institutions. In the institution at Bonn, after the use of protargol in place of Crede's solution for several months, it was given up entirely, returning to the 10 gr. solution of nitrate of silver. I think especial stress should be laid upon the experience and qualifications of the nurse placed in charge of these cases. Many nurses do not know how to turn the lid. They can not do so without rasping the cornea and perhaps producing an abrasion. They ought to be very careful, and instead of attempting to evert an eyelid, they should separate them gently and instill the solution between the lids. Of course, the cleansing boracic acid solution ought to be employed in

the way that he has described in every case. I do not believe in the use of the retractor or of the irrigator. They do more harm than good. I think that in bringing it against the eyeball they should be careful to avoid scraping the cornea. The eye ought to be handled by the physician or the assistant, in every stage. It is a good plan also to instill a drop of chemically pure solution of castor oil occasionally. It is a good lubricant and spreads itself automatically.

In reference to the treatment of the cases which he has quoted from a paper by Dr. Myles Standish, read at a meeting of the American Medical Association at Atlantic City, June, 1904, showing that the statistics of the results in the Massachusetts Charitable Eye and Ear Infirmary, there is no question but that the results in this Massachusetts institution have attained a higher degree of success in these cases than any other institution of its kind in the world, and we may rest assured that the statistics from this standpoint are very valuable.

I use protargol to some extent, but find that my patients complain more or less of the pain it produces in a great many cases. I was led to the use of argyrol by the statement made to me by a physician who had used it to treat gonorrheal inflammation of the urethra. He had secured much better results with much less pain, and it was much more efficacious in cutting short the disease and destroying gonococci than with any other remedy he had used. I began to use argyrol, getting it higher and higher until I reached a 25 per cent. solution, putting in several drops of this every three or four hours, into the conjunctival sac. Dr. Wood, of Chicago, Dr. Jackson of Denver, and Dr. Alt of St. Louis, have used the solution in much greater strength, sometimes as high as 50 per cent., with good results. In cases of ulcerated cornea Dr. Mann's experience, however, does not coincide with the opinion of Dr. Wood of Chicago and Dr. Jackson of Denver, both of whom urge in all cases of ulceration of the cornea that the use of argyrol is preferable to all other astringents, and that argyrol should be the only drug indicated, resulting in much less irritation to the lens, and much less destructive to the corneal epithelium than any other preparation with which we are familiar. I use argyrol in all cases where the cornea is abraded. The diplococcus gain access to the thin layer of the cornea when it is abraded, but this occurs in hardly any case. We are bound to use a certain amount of antiseptic medication more or less destructive to the cornea, so it really makes very little difference what we use in the way of astringents, the result will be very much the same in every case. It is very interesting from this standpoint to read the report of the late Dr. Ludwig on this subject. In his latest work he abandons the use of mercurial preparations, going back to the 10 grain solution of nitrate of silver, applied one or more times daily. This is very interesting from a clinical standpoint and illustrates the trend of the German idea. I do not think, however, that their contention should be allowed to bias us when we

consider the results achieved in some of our American hospitals.

I think Dr. Mann's paper is a very valuable one, and should be in the hands of every live practitioner. I think, also, that what Dr. Moulton says about cases of inflammation in the eyes of newborn infants from three to four days old caused by dirty surroundings. This is a matter that should be carefully looked into. I think that any one who neglects this precaution is criminally culpable.

Dr. Mann: I want to congratulate Dr. Guthrie on never having had a case of ophthalmia neonatorum. I was recently called in consultation to see a very severe case of ophthalmia neonatorum in the hands of a very incompetent physician. He told me he had been practicing for a number of years and had not been using any remedy, or had not used the Crede method; that the people where he practiced were farmers living in the country, and that gonorrhea was hardly known. I felt very sorry for my friend a little later when he had to explain to the father and mother of this child that their baby was blind.

I doubt greatly very much the antiseptic quality of boracic acid. I was very much amused at my friend Bruns of New Orleans when he said the bugs will just crawl through the boracic acid and live on. I think it has slight antiseptic qualities.

There are many features of this subject that I might have gone into, such as the statistics of the various institutions as to the value of protargol, argyrol or nitrate of silver. But, I tried to give the statistics which showed the best results, and only presented these to the Society. I did not deem it advisable to discuss the various remedies named. I believe that either protargol or argyrol will serve very much better in the treatment of ophthalmia neonatorum and also gonorrheal ophthalmia than nitrate of silver. I believe fewer eyes will be lost from it, because it is certainly less irritating to the cornea, and extends more deeply into the tissues.

Dr. Dorr: I endorse these remedies, but it seems that the gentlemen overlook the most important thing in the treatment of these cases, and that is cleanliness. As far as I am concerned, I never had a case occur to me. I think it is all a matter of cleanliness rather than any particular remedy that we use.

REPORT OF CASES.

(By Dr. T. E. Rhine, Thornton).

September 16, 1904, was called to see a negro man, aged 35 years, whose case gave the usual symptoms of malarial remittent fever, which lasted ten or twelve days. Convalescence was slow under a full tonic treatment, which was given continually until about December 1st, when he left town. Did not hear any more of him until called to see him February 15, 1905. Found him very much emaciated, weak, lower extremities badly odematous, slight cough, dyspnea, irregular fever, never over 100 F., pulse fast and weak, bowels constipated, stools dark brown, no diarrhoea at any time, no nausea, fair appetite, everything eaten digested well, kidneys acted fairly well, urine light colored, specific gravity

1010, some albumen, spleen enlarged, liver enormously enlarged, so much so that it filled almost the entire abdominal cavity. Its surface was smooth, very firm, regular edges, no tenderness, no ascites—that portion of abdomen not filled by liver was soft, pliable, not tender. During time of first sickness liver and spleen were both enlarged, but not tender; enlargements were attributed to chronic malarial poisoning. Could get no family history. Had never drank, no history of syphilis, necrosis, rheumatism, etc., or any severe sickness; had never been confined to bed since a child, except with an occasional chill, until called to see him September 16, 1904. There was no organic heart disease or tuberculosis; worked all the time and felt well until taken ill September, 1904. Died February 28, 1905. What was the diagnosis of my case: Amyloid degeneration due to malaria or cancer?

November 9, 1904, was called to see Mrs. B., aged 56 years; found her suffering severely with pains throughout abdomen, which was enlarged to the size of a pregnant uterus at full term; abdomen was firm and quite tender, and upon deep pressure caused much suffering; was at a loss to know what the enlargement was—according to her statement developing in a few days, remaining same size, and of a little over a month's duration. From verbal examination found that she had a uterine hemorrhage the May before, also the day called; suspected cancer, as menopause was passed ten years before. She had not urinated in over a month, but that her urine dribbled continuously, so suspected retention of urine as cause of enlargement. Introducing a catheter I drew off 1 1-4 gallons of urine, reducing the enlargement. This shows how elastic the bladder is. Vaginal examination revealed uterine cancer involving vagina and bladder, the cause of retention. She did as well as could be expected until May following, when her liver began to enlarge and when death relieved her in July it filled almost the entire abdomen, as much as did case just reported, but the symptoms were very much different. Her liver was very tender, causing considerable pain on pressure, smooth surface, regular edges, very firm, slight ascites, edema of lower extremities, nausea, vomiting, no appetite, everything taken into stomach causing discomfort or pain, dark, offensive diarrhea; kidneys acted fairly well, no albumen, specific gravity from 1010 to 1015; irregular fever, at times ranging high, occasional chills and sweats; jaundice; pulse fast and weak. I considered this case metastatic cancer of liver, but it might have been due to cancerous poisoning or amyloid degeneration.

On January 25, 1905, was called to see a baby three weeks old. From birth until taken sick did well, except missing an occasional respiration. When I arrived found child not breathing and badly cyanosed; thought child was dead or dying, but pulse was normal; as best I could tell about 140 per minute, good volume, regular; shortly it commenced to breathe without a gasp or struggle, and began to assume its normal color; it breathed as though it had never quit breathing; rectal temperature normal, and respirations were about 40 per minute; when not having a fainting spell every minute

or so, looked all right; eyes had normal expression, pupils not dilated; nursed and swallowed without difficulty; mother's milk digested well; tongue not coated or red; no nausea; bowels moving three or four times a day; stools not offensive or any curds; no tenderness or tympanites; kidneys acting well; could detect nothing wrong with heart or lungs except a few mucus rales. It had those fainting or bad breathing attacks irregularly; sometimes would have one every few seconds or minutes, lasting from one minute to five minutes, getting only a few respirations between them—perhaps would go five minutes to an hour without losing a respiration. It had those severe attacks for several days, then had lighter and farther apart for several more days, then was all right until February 21st, and had another attack, but lighter and lasted only a few days. Has not had the slightest symptoms since; today is a large and healthy child. What was the diagnosis?

October 12, 1904, was called to see Miss B., aged 18; found her with what I considered a bilious fever, but in a few days developed into a case of typhoid fever, which ran a fairly typical course of four weeks, except two quite severe hemorrhages occurring during the second week. During fourth week convalescence set in nicely, dismissing her November 12th. In a few days was able to sit up, and feeling splendid, good appetite, etc. On 18th a slight soreness and pain was felt near femoral ring; next day symptoms worse, extending into thigh and abdomen. On 20th was called and found her suffering with a severe phlebitis of left femoral vein, extending from iliacs to popliteal space; vein was as hard as a stick throughout its inflamed portion; course of vein was very tender and painful to touch; entire limb was swollen, held leg flexed, could not straighten without excruciating pain, fever ran low, pulse about 100, with good volume. After about a week symptoms begun to abate and recovery seemed sure, but phlebitis of the right femoral vein set in, in its middle third; all symptoms became worse, treatment availing nothing. Patient died December 4th. I report this case because of its rarity as a complication of typhoid fever in my section, not seeing a case before, nor finding but one mild case in the practices of twenty physicians in the surrounding country. Would be glad to have treatment of those who have had experience in treating this complication.

November 25th was called to see Mr. B., aged 21 years, having been sick for several days; found all the clinical symptoms of typhoid fever; delirium set in early; abdomen was extremely tender and tympanitic, which caused me to diagnose peritonitis as a complication, but in a few days abdomen became more tender, tympanitis more pronounced, and on deep pressure over abdomen could feel small round enlargements, each day becoming larger and other symptoms becoming worse, was puzzled at first to know what I had, but after searching all literature at my command came to the conclusion that the enlargements were an inflammation of the mesenteric glands, and the cause of my severe abdominal symptoms. Perhaps they are the cause of a sup-

posed peritonitis or perforation a great many times, as their symptoms are very similar. Also, on December 1st, he had an intestinal hemorrhage, again the 3rd and 5th, about the same time of the afternoon. They were peritoidical. Last hemorrhage causing death. This was the most interesting case of typhoid fever I ever treated.

While in school there was a similar case in the hospital sick of typhoid fever and all the severe abdominal symptoms in my case had, developed in this case. This patient died, and the cause of death given was peritonitis complicating typhoid fever. I had an opportunity to help dissect this body. We found on opening and examining the intestines six or eight badly inflamed mesenteric glands, ranging in size from a quail's egg to a large English walnut, surrounded by a slight peritonitis; but no general peritonitis. There were three large ulcers, one almost perforating the intestine.

September 4, 1904, was called to see Mr. M. aged 25 years; having been sick for a week, found him with all the symptoms of typhoid fever, which ran a nice course, except a stubborn diarrhoea. About 4 o'clock the 18th a severe hemorrhage set in, which never ceased until death next day about 11 o'clock a. m. This case, with one just reported, shows how difficult at times intestinal hemorrhages are to control,—at others easily. Treatment was of no avail in these two cases. The treatment they received was hypodermics, repeated as indications required, of morphine and atropine strychnia, digitalin, ergot, adrenalin chloride Sol., ergot, opium, acetate lead by mouth, ice over abdomen, high enemas of tannic acid and ice water, over a gallon of normal salt solution under skin, but they died. If some one has something better for intestinal hemorrhages of typhoid origin would be pleased to hear it, as this complication has caused the death of more of my typhoid fever patients than all others combined.

February 16, 1900, was called to see a negro woman, aged 26. Found her with a lobar pneumonia involving the entire left lung and lower lobe of right. Had been sick seven days before I saw her, and without treatment. She was expectorating prune juice colored sputum by the mouthful every few minutes. In the course of 24 hours would expectorate more than a quart—breathing 66 times a minute—could find no radial pulse—heart beats were very weak and fast; temperature 103 F.; could not speak above a low whisper; could not turn in bed without help; abdomen quite tender and tympanitic, bowels constipated; kidneys acting fairly well. Crisis came the 19th, but contrary to rule none of the symptoms became better, except fever gone. Her other symptoms remained the same until March 5th, when I saw a slight change in her condition for the better; she gradually grew better, but convalescence was very slow. I report this case only to state I never saw a case of lobar pneumonia get well where there were so many unfavorable symptoms.

November 15, 1904, was called to see Mrs.

R., aged 56 years; found her with hemia paraplegia; she did fairly well for a few days and had another attack, when the affected portion of her body begun to have convulsions; non-affected portion not being affected by the spasms. She knew when she was going to have a convulsion, but never lost consciousness. The affected muscles of the upper part of the body were the ones principally affected by the convulsions. At times body and one lower limb took part, then perhaps whole affected part would take part in the convulsion; they lasted several days; treatment of not much help in controlling then. Patient never recovered.

In summer of 1903 I treated for a short while a negro man about 65 years of age for diabetes mellitus in its severest form. Being the only case I ever saw in a negro. Since treating this case I read an excellent paper on the subject by Elliott of Chicago. He stated that he never saw a case in the negro, nor read of one reported, and asked the question if the negro race was ever affected with the disease. Having my attention called to it by his paper I have searched the literature at my command, and have never found any mention where the disease affected the negro race. I cannot see why. Perhaps their mode of living. Would like to hear the experience of my other professional brethren along this line.

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ABETTORS AND ACCOMPLICES OF FRAUD.

(By Dr. William Breathwit, Draughton.)

Mr. President and Gentlemen of the Arkansas Medical Society:

Fraud may be defined as meaning deception, with or without deliberation, with a view to gaining unlawful, or unfair advantage, an artifice by which the right or interest of another is injured. A deceptive trick. An abettor or an accomplice is one who abets, instigates, incites, aids or encourages, another to commit an unlawful act. With this definition I shall make an effort to show wherein we as doctors are playing such a role in regard to the great American fraud, i. e., helping along the Patent Medicine curse. I have made some efforts to secure some data in regard to the beginning of this evil practice but have been unable to secure anything definite. That it has existed since the birth of civilization in some manner I firmly believe, because the tenacity with which the whole human race cling to life, causes them to seek a panacea for all ills. Then we know in the beginning knowledge of medicine and remedies was gained by accident, and were practiced for ages by empiricism, until the birth of chemistry. After the birth of chemistry the wiser ones began the study of chemical composition and physiological action of drugs and remedies, until today the chemical nature, physiological and therapeutic action of most drugs is more or less understood. Perhaps one would be safe in asserting, that the need and greed for gain was the prime incentive for having the first medicines patented. Whoever began the practice certainly did not contemplate the magnitude of the procedures that would follow, nor could he possibly con-

ceive what practices such a procedure would lead to. A couplet from Pope beautifully illustrates the mental attitude of a great number of patentees: "If success a lover's toil attends, who asks if fraud or force obtained his ends?"

Success—fin-a-n-c-i-a-l is the only way to spell success today—is the only end in view. They do not contemplate the benefits to the human family, nor do they care for disastrous results that may follow, the one burning question with them is, what kind of a package will this patent make, how little can it be manufactured for, what will the most attractive label wrapper and folder cost, so that the package can be sold for twenty-five cents, fifty cents, or one dollar, and make fifty, one hundred, or five hundred per cent. on same. After they have grown fat financially the demand for the article created, irrespective of its value, then the lines of Pope apply: "Who asks if fraud or force obtained his ends?" Samuel H. Adams in Collier's Weekly has given us the most wonderful portrayal of this picture, that I have ever seen. I cannot hope to do more in this article than to emphasize the attitude that physicians are maintaining in regard to the evil, besides you are all more or less acquainted with what is going on. The advertising matter of a great number of these nostrums has been a stench in the nostrils of the medical profession as well as the general public, for many years. That it should reproach us is but just, on account of the lethargic attitude we have displayed. Perhaps our code of ethics has been something of a stumbling block to our feet, but this cannot have been the one great cause. The lack of organization, the lack of harmony, the lack of unity of purpose has deterred us from demanding of the public that thought which is now being given to this question. The disgraceful feature of the present agitation, in so far as the medical profession is concerned, is that a lay journal should be the first to make public clamor for cleanness and decency. All praise to the journal of the American Medical Association, but gentlemen this is the journal of organized medicine, and not a journal appealing to the general public, not a journal that might have a reason to fear from the powers that be; whereas, the "Ladies Home Journal" and "Collier's Weekly" are wholly dependent upon subscribers and advertisers for their ability to continue to appear, therefore I am of the opinion that the Medical profession has not granted them due praise, or sustained them as it is their duty to do. These journals have in a measure portrayed the evils of patent and proprietary medicine prescribing and taking, have shown some of the results, such as morphine, cocaine, chloral and other drug takers, have shown some pitiful instances; but gentlemen, it is beyond the ken of any but an active physician, to know the real evils of patent medicine taking. I am quite sure that you would consider that I was engaging in superfluities, were I to attempt the portrayal of this picture. You are all acquainted with instances wherein a great many of the deluded, ignorant, unthinking people who have some passing digestive

trouble, or some minor reflex due to indiscretions, go hurriedly to some drug store to spend their last twenty-five or fifty-cent piece for some patent medicine that some equally illiterate, equally unknowing person has suggested that they should buy. He walks in and asks for said article; if the druggist has it he makes a sale, if he does not possess it in his stock, he shows him some other package that is advertised to cure the same ills, that is much better advertised, and probably offers the druggist a greater percentage on sales. This unthinking subject makes a purchase, takes his medicine, however obnoxious, and in a short while is relieved; the same results could have been had without medication, yet the subject lauds the medicine to the skies and would readily sign a testimonial and give his or her picture for another package. In a great many instances people who are really sick with a curable disease follow this same procedure, even follow it to the extent wherein a curable disease becomes incurable, and the undertaker does the rest. I feel safe in saying that many thousands have followed this course and have gone the way of the world, whereas, if they had consulted a reputable physician they might have lived to many days of usefulness.

"Of all the passions that rule mankind,
The love of variety rules most the mind.

In search of this from realm to realm we roam,

Our fleets come fraught with every folly home."

This is so literally true in medicine that its zest is lost in disgust that such conditions obtain. With the present conditions of unthinking, unknowing people, it is almost ludicrous for us to expect for them to have anything like the same degree of faith in our knowledge or experience that we have. That a great awakening in this awakening I fully believe. Such superstitions as witchcraft required as much as four decades to overcome, then how can we expect patent and proprietary medicine evils to vanish at our command? They are tangible, takeable, and a few possess merit, whereas the other was intangible superstition wholly. Anything possessing even a small degree of merit once controlling public clamor will require much effort to overcome. The patent and proprietary medicine people have millions of ill-gotten dollars and will fight to the last ditch. See how they will play upon the passions and prejudices of the people by every method purchasable. They own in a large measure the great dailies of the country, practically all the weeklies, and a great number of the cheap magazines. Why, one of the leading daily newspapers of this beautiful Southland came out a short time since—to be exact on April 4—with its leading editorial headed, "Is there a doctors' Trust?" With this caption they copied from the National Druggist more than one-half column of an article describing the phenomenal strides that had been made by the American Medical Association in the matter of increased membership. The National Druggist made no explanation of the associations formed by the wholesale and retail druggists, but it did claim that the American Medical

Association had formed a doctor's trust for the purpose of publishing one great medical journal, and making it so ethical, and clean and good, that there would be no demand for any other journal, and that by doing this the doctors would force smaller medical journals out of existence. This is ridiculous as well as laughable. The National Druggist did not say why the wholesale druggists made the retail drug trade pay one-seventy-five a dozen for a certain talcum powder while all the larger dry goods houses, and wholesale grocery people, were selling this same powder at one-fifty-five, in fact the National Druggist did not explain any feature of their own filthy house, but consumed space and time in a tirade against the medical profession. All of you know full well that the increase in membership of the American Medical Association was not brought about for any such purpose, but I do not hesitate to add in this connection that I feel it my duty to subscribe for no medical journal that gives more attention to the advertisement of proprietaries, whose composition I do not know and cannot find out, than they do to original articles by reputable physicians, concerning something of value to me in my every day work. The patent medicine people have an old disease by a new name—polylogia. There is no end to their talk, their catchy advertisements, their machinations, their fraudulent methods of getting money. Just now while there is universal agitation some of them are using more decent methods of advertising, but are spending their money judiciously by buying the best of our daily press. You are acquainted with the red letter clause in their contracts and just now they are bringing to bear this red letter clause by sending a bright smooth talking representative to these leading daily newspapers, and have them see the advertising editor, managing editor, and proprietor, and suggest to them the line of advertising and editorials to be dealt out to the public once or twice a week so as to counteract as much as possible the present agitation. That we will ever attain to ideal conditions we need not hope, but our duty as physicians, and the distressing conditions that confront us, cry out for improvement over the present situation. It is, perhaps, a little hard for the general public to understand the real feelings of the profession in regard to this evil. The reputable physician in any locality is constantly on the alert for any sign of harm in the form of disease that may affect the public, and upon its approach promptly warns those in authority. If dollars were the only goal in view do you think he would warn the public of the approach of that which would help him in the way of money? Not hardly. His is not so miserable a condition. He promptly warns and frequently throws out barriers before warning is given, playing the role of public benefactor without the hope of reward, and to his own financial distress. Not so with the patent medicine people, if you will forgive the comparison. See how quickly the Peruna people sent out paid editorials and whole page advertisements of their wares when New Orleans was in the dread scourge of yellow fever. Since the awakening and since the beam has been removed from the eyes of the

public by the committee of pharmacology of the American Medical Association by their analyses see how they have turned about. A great number of the big sellers have been shown to contain either alcohol or opium or some of its alkaloids, and since these are an infringement of the United States internal revenue laws they are forced to modify their formulae, thus creating new preparations as it were. They are out with bold type circular letters to the wholesale and retail drug trade, showing over the signature of the internal revenue collector that they are now within the law. They make no excuses for having been without the law, but speak in glowing terms of the promised increase in sales and increased advertisements. A few of these manufacturers are already returning to the old ways and are doing just as they did before because they found that their new preparations did not show them the same net profits. If the internal revenue collectors pursue their duty there is trouble ahead for some of these people; this is literally true of some of the Chicago bitters people. "The future comes on slowly, the present flies like an arrow, the past stands forever still;" how true are these words from Schiller as applied to our hopes in this connection. We would gladly welcome an instantaneous transformation, but it will not come. We have today forty-nine State Medical Societies, some five or six Territorial Societies, the District of Columbia, Hawaii, the Philippine Islands, Porto Rico, and Alaska. There are approximately eighteen hundred County Societies in these forty-nine states, a great number of District Societies, all in affiliation with the American Medical Association. The National Druggist credits us with fifty thousand members. Now let us contemplate the possibilities for good and bad that is within our reach. We will first contemplate the bad features. We will throw away our code of ethics, everyone of the fifty thousand members advertise as much as possible, everybody work upon the superstitions and prejudices of an ignorant, credulous public. Let's go farther still and combine with the undertakers, funeral directors and cemetery magnates. Lycanthropy, witchcraft, Eddyism, Fletcherism, Osteopathy, Mesmerism, Hypnotism and other weird and uncanny things, we will bring to bear upon an ignorant, long-suffering public. What would be the consequences? You can readily see the disaster that would confront the human race. Now let's take the side that honorable men select. We will retain our code of ethics, make the same more elaborate if possible. We will refrain from every semblance of advertising, make no display of peculiar dexterities except over our own operating table; we will further our plans of organization, we will work for harmony, for one united purpose; continue to work for the relief of human ills that are today baffling all the twentieth century skill, and the combined knowledge of ten thousand years of study by some of the rarest minds of all ages; continue to serve as sentinel for communities, towns, cities, states, republics, kingdoms, empires, and principalities by forewarning the coming pestilence, using every possible effort to prevent its approach, if it comes in spite of our efforts we stay on the firing line,

continue on watch night and day, if need be, offer up our lives in our effort to stay the hand of the silent reaper. All this we do, yea and a thousand times more. To portray the task of a busy physician would be Herculean. Why, on many occasions whole volumes have been said as it were by a look, the facial expression, the shake of the head. Do we deserve no praise, no honor, no rhapsodies, for our labor? Is our profession composed of men who are incapable of no other thing whereby our loved ones might be provided for and honors showered upon us? I think not. Gentlemen, lying out before us is a task, the performance of which will try our very souls. That we must perform this task, I believe you will all agree. The thousands of drug fiends and alcohol fiends, made so by patent medicine taking, cry out to us to make the fight. There are a few within our own ranks who belong to the above described class to whom we must offer aid. At the last meeting of this Society it was suggested that the President appoint a committee on Public Education. At that time it appeared to me that this was not apropos. Today I find, or rather believe, that I was behind the times, and that the suggestion was altogether pertinent. That the people must be taught something about themselves, about their diseases and about the frauds that have been and are being practiced on them, I believe is our duty. Publicity has worked a veritable revolution in politics, life insurance and city government in particular; why should it not also contribute to the corrections of a more palpable fraud in which the whole public is concerned? With our fifty thousand members and an additional fifty thousand that we must have in the next five years, there is no end to the achievements we may attain. That patent medicine taking reduces a doctor's fee I do not believe, in fact, I firmly believe it increases our calls, but its disasters to the human race pass all monetary considerations, therefore our duty is to control it. The remedies that most appeal to me are publicity and legislation. Chemical analyses made by capable men and publicity given to the same, will do more to discredit the advertisements of these frauds than anything I have yet seen. The analyses of such frauds as Antikamnia, Hostetter's Bitters, Peruna or Liquozone have so greatly cut the sales of these nostrums that the manufacturers have doubled their efforts and materially changed their style of advertising. When you can prove to a man conclusively that he is paying one dollar for a preparation possessing no merit, the producing cost of which, is not more than ten cents, you have cured that man of a pox. Thereafter he begins thinking for himself, and soon arrives at the conclusion that he is a real convert. No doubt you are everyone sorely tired of the advertisement displayed in almost every copy of the lay press, put there by the rankest fraud that was ever licensed, Swamp Root. "Do you get up with a pain in your back," showing a man with his hands on his back consulting with what is supposed to represent a picture of the great Dr. Kilmer. Millions of bottles of this filth have been taken by a deluded public, who were free from disease until the constantly appearing picture created

in their minds the belief that they had kidney trouble. These people claim that they make people believe they are sick and thus create a demand for their wares, which is literally true. We must continue the analyses and publish them. There are a few owners and editors who possess the kind of courage it requires to slap fraud and graft in the face. There will be others, and yet others, until we will have no difficulty in publishing these fraud exposures broadcast, besides we have the medical press. I regret to say it, that a great many medical journals are advertising a number of these frauds that claim to be ethical that are also advertising in the lay press, but we must first clean our own house, then ask our neighbors to follow suit. In this connection I would like to stress a duty that is self-evident: That no reputable physician subscribe for a journal whose advertisements are not ethical in the strictest sense. This we can do and tell our publisher the reason for the belief that is within us. If a medical journal makes its living by advertising frauds to its subscribers its editor were better in a poorhouse or on a dunghill. When the profession is fully alive to this situation I fancy many of these journals will have a changed appearance. As to legislation. This will be a slow process of necessity, on account of the graft that will be injected by the proprietary association. Their lobbyists around every state capitol in the country are a disgrace to modern civilization. We might have had a pure food bill in Arkansas except for the boodlers. If you will investigate you will find that we had a decent pure food bill drafted, and that this bill died in the committee room of the Senate, and I have heard on good authority that some members of this committee have had money to burn since. It appears to me that it is time for the people in Arkansas to quit using beauxite for baking powder. Pure food and medical legislation has been used as the graft measures for twenty years as is illustrated in the present Congress at Washington. What we must do is to keep after these watch for graft and make it public. North Dakota has established a precedent that we would do well to follow and with a united effort we can follow it in Arkansas in the near future.

Another feature and the one in particular in which the medical profession is the abettor and accomplice of fraud, is patent and proprietary medicine prescribing. I daresay that ninety per cent. of the physicians in Arkansas are daily prescribing one or more patent or proprietary remedies. Sometime since I wrote to one physician in Pine Bluff, one in Texarkana, one in Little Rock and one in Fort Smith, requesting them to go to one of their most representative drug stores, examine the first ten prescriptions, and indicate to me what patents or proprietaries were prescribed, and how often they appeared. From Pine Bluff the following is the report: The Pine Bluff party was kind enough to examine more than one prescription file in every one of the first ten prescriptions showed from one to three patents prescribed. From Little Rock the first ten prescriptions showed no patents or proprietaries prescribed. The parties at Texarkana and

Fort Smith were either too busy or did not feel sufficient interest in the matter to reply to my letter notwithstanding the fact they are regarded as our most representative physicians. That much could be said and written in regard to this evil is conclusive, but if we do not combine individual and collective, unafraid effort our writing and talking will have done no good. Let us bestir ourselves. Let us individually resolve to prescribe no patent or proprietary that is not strictly ethical. This is plainly our duty. Again, if our druggists insist on counter prescribing and selling patents to our detriment, let's cut out those druggists; this, too, is a duty we owe to ourselves and to the community at large. The wideawake druggist understands that his chief interest is combined with the physician's interest, in fact the two are inseparable; if he does not pursue the plan here outlined it is our duty to cut him out. We can do without the druggist much more easily than he can do without us. To do our duty unafraid and publicly, exercising patience even though we are not progressing in well doing as we might have reason to hope, yet our licks will tell.

Another instance in which we abet frauds is our supineness with regard to those advertising quacks in all the cities of our State, licensed midwives and professional abortionists. "What man has done man may do" is a trite aphorism applicable to the doctors of Arkansas. If our organization means what it ought to, a committee should be appointed or some action taken looking to the cure of these frauds. St. Louis has been aroused from her Rip Van Winkle sleep, and Dr. King & Co. and a number of others working along equally fraudulent lines have been checked up and found wanting. Equally good results can be had in Little Rock and Hot Springs. I feel safe in saying that every member of the Arkansas Medical Society will co-operate in any procedure looking to the cure of these evils. That we need a law whereby the withdrawal of State Board recognition can be had I believe you will all agree. If a man, however learned in our profession, has not that innate integrity that would make him work for the good of the community at large, rather than serve as a protected pickpocket of the illiterate and semi-diseased classes, his certificate of registration should be taken from him because he is certainly a greater menace to the community at large than a man possessing one-tenth his knowledge and an honest heart. This appears to me to be practically a panacea for the advertising "shyster." Another instance of fraud abetting: Many of our religious journals carry a line of patent advertisements that are a misrepresentation and fraud of the first water, such as the oil cure for cancer, the home cure for hernia, and a thousand other such frauds. Our first duty as citizens is to be a Christian. If we are this we should reproach our sectarian paper because of its fraud promotion. This we can do through our minister or finally by positively refusing to subscribe for such journals. This paper might be continued through many pages and greater good accomplished; however, I only intended to point out some of the evils attending our every

day walk, and offer some suggestions for their correction, hoping thereby to arouse what appears to be a more or less inactive attitude. The remedies par excellence are combined education and legislation, with less graft about our legislative halls and as much publicity as possible for those guilty of grafting.

DISCUSSION.

Dr. Gibson: I do not think there is any paper of more importance than the one we have just heard. I do not know of a healthier exercise, mental, moral and physical, for the Medical Society than to get up and curse the patent medicine vendors and bewail the fate of the poor ignorant people who use them. But, before we engage in diatribes against the patent medicine vendors (I use the word "patent" in its ordinary acceptation of the word), let us go into the court with clean hands. As long as a reputable medical journal accepts the ads. of proprietary medicines, the alleged formulas of which are supposed to be printed on the bottle, but are fraudulent; as long as the members of the County Societies of Arkansas, as long as the members of the Arkansas Medical Society use those preparations and give them a certificate and receive their ads. in the Bulletin of the Arkansas Medical Society, then, gentlemen, let us keep quiet on the use of patent medicines by the laity. When the journal of the American Medical Association, in its great warfare against the patent medicines and these frauds, straddles the fence and tries to carry water on both shoulders by trying to give place to those medicines which are evidently frauds, as long as that is the case, gentlemen, I have not one word to say against the poor ignorant people who use patent medicines and the frauds who perpetrate them for the purpose of commercial gain. Take up any reputable journal, with the exception of two or three in the United States—you can count them on the fingers of one hand if you had three fingers off—and every one of them contains ads. just as bad as any weekly or daily newspaper in the Union. It is one thing for a patent medicine fake to go before the people and advocate that everything is catarrh and can be cured by Peruna; but, when a reputable medical journal prints the ads. of anti-phlogistine, anti-kamnia, glyco-thymoline or any other preparation of that kind, and tries to cram it down the throats of an educated and learned profession, and they are gullible enough to swallow it and give it to their patients to swallow, and endorse it in their papers before the Society, then, what can we say against the poor, ignorant people and the low-down vultures that thrive on the ills of human-kind? Let's go into court with clean hands. "Let he who is without sin cast the first stone." As long as the members of this Society, as long as the members of the County Society, use and advocate the use of anti-phlogistine, anti-kamnia or any other "anti" remedy, let us say nothing about those who sin because they know not what they do. (Applause.)

There is no distinction whatever between patent medicines. It has gotten to be a common idea that a patent medicine is like Hos-

tetter's Bitters. That's a common fallacy. "Patent medicine" is a term that I use without reservation. A patent medicine is one that you have to tell the formula, the process, and the ingredients, every step in its manufacture. That is a patent medicine. The so-called patent medicine and the so-called proprietary medicine are in the same boat. A patent medicine is where the name is copyrighted, like anti-kamnia or bromidia. The patent expires in seventeen years, and anybody can make it. He has knowledge of the manufacture. But, a proprietary medicine is where the names is copy-righted and can run on forever. There is not one particle of difference between anti-kamnia, anti-phlogistine, Peruna and Swamp Root, and those things at all. But the proprietors, those who work the medical profession, those who come to our offices who have never been inside a medical college, who have never read a medical work, who haven't an ordinary common school education, and try to instruct the most learned members of this Society upon obstetrics, gynecology, surgery, microscopy, physiology, bacteriology and everything else, they are the men who are the manufacturers of these proprietary medicines. When we receive these men, receive them as men who are working for a living and who don't know the attitude of a learned profession. Receive them courteously, but tell them that we are supposed to be qualified to make our own prescriptions. My answer to them is that I am glad to see them personally, but as far as their preparation is concerned, I feel that I am qualified to make my own prescriptions.

I rise simply to say that before we go and educate the people, let us commence at home. Educate the members of our County Societies and the members of the Arkansas Medical Society. Take up the Medical Brief, which I have the temerity to say is the most diabolical publication on earth, because it is published absolutely in the interest of ignorance; it is the only journal that I know of that is pandering to ignorance. I see the names of members of the Arkansas Medical Society in that journal. I see them advocating the use of Lawrence's preparation, anti-kamnia, and the Lambert Pharmacal Company's preparation. And yet we come in here and want to condemn the use of patent medicines by the laity; and they are exploited by commercial concerns who do not give a "continental" who dies as long as they live rich. Before we do that, let us pray Almighty God to forgive us for the sins we have already committed, and pray Him to lead us in the path of rectitude so that we will not commit them any more. (Applause.)

Dr. Stephenson: I did not know I was going to be drawn into this discussion, but I see that I am by an allusion that Dr. Gibson has made to the Bulletin of the Arkansas Medical Society. He has alluded to ads. that have been accepted by the Bulletin of the Society. If you will take the files of the Journal of the Arkansas Medical Society when Dr. Gibson was editor and look on the front page of the cover you will see the advertisement of one of the most notorious nostrums carried, Glycozone; advertised in leading dailies, such as the Republic and Globe-Democrat. People who

have lived in glass houses should be careful about stone-throwing. (Applause.)

Dr. Gibson: I did not know that I made an allusion to Dr. Stephenson at all. I certainly did not intend to. When I, as secretary, was called upon to edit the journal of the Arkansas Medical Society, I stated on the first page that no secret or proprietary medicine would be advertised in those pages. In a few days after the Journal was out, I received a letter from the Anti-Kamnia Chemical Co. requesting me to take their ad., as they had seen a favorable mention of it in a paper read before the Arkansas Medical Society. I was the editor. That Journal was published by a board of trustees. I was the servant of the Society. And, as I said just now, if the Society uses those preparations and endorses them, then, I say, let all the medical journals advertise them. That was not my journal, and I did not suppose that the Bulletin of the Arkansas Medical Society belongs to Dr. Stephenson.

Dr. Breathwit: If Dr. Gibson is entirely cor-

rect in his statement about patent medicines, I must confess that I was ignorant of what a patent medicine was. My understanding of a patent medicine was that it is a secret formula known only to the Patent Office. It is possible to get that from the Patent Office, but there is a patent process and that you cannot prepare that medicine for your own use or sale; and after seventeen years it expires and then you can use the process or the same prescription modified to suit yourself.

Again, I will have to take issue with Dr. Gibson in regard to our attitude with respect to patent medicines. We are taught in our Christian religion that it is never too late to reform. If the time never comes in our lives to reform, then we are foredoomed. But, if those of us who have been deceived in the way of prescribing or using patent medicines, see the folly of our acts and seek to reform, as it were, it does not appear to me to be out of order to get up and say so, or to advocate that others follow suit.



List of Delegates, Members and Visitors in Attendance.

Arkansas County.

Lowe, W. W. Gillett
Winkler, E. H. (D) De Witt

Ashley County.

Baker, J. P. Morrell
Cockerham, H. E. (D) Portland
Cone, A. E. Portland
Palmer, N. H. Portland
George, B. F. Parkdale
Parker, J. L. Snyder
Scott, E. M. Hamburg

Baxter County.

Morrow, J. J. Cotter
Tipton, J. T. (D) Mountain Home
Benton County.

Canfield, H. H. Siloam Springs
Clegg, J. T. Siloam Springs
Hurley, Chas. E. Bentonville
Thomason, H. E. Siloam Springs

Boone County.

Kirby, Leonidas (D) Harrison

Bradley County.

Herring, S. R. Warren
Wommack, W. E. Hermitage

Calhoun County.

Rhine, T. E. Thornton
Wilson, D. F. (D) Hampton

Carroll County.

Bolton, J. B. Eureka Springs
Jones, E. Sommerville
Poyner, I. M. (D.) Berryville

Chicot County.

Barlow, E. E. (D) Dermott

Clark County.

Cuffman, J. H. (D) Gurdon
Hardy, H. Stroud
Rowland, W. T. Arkadelphia
Wallis, J. C. Arkadelphia
Williams, E. K. Arkadelphia

Clay County.

Latimer, N. J. Corning
McKinney, A. B. (D) Corning
Simpson, A. R. Corning
Turner, C. A. Greenway
Hnghy, M. C. Knobel
Parrish, W. O. Rector
Waddle, M. V. B. Success

Cleveland County.

Breathwit, Wm. (D) Draughton
Stewart, W. S. (D) White Oak

Columbia County.

Gibson, W. M. Emerson
Hunt, W. J. Magnolia
Hawkins, Jao. T. Mt. Holly
Longino, H. A. Magnolia

Conway County.

Goatcher, A. L. Plummerville
Montgomery, S. J. Morrilton

Craighead County.

Harrison, B. L. Jonesboro
Ratliff, R. W. (D) Jonesboro

Crawford County.

Bourland, O. M. Van Buren
Wood, T. F. Uniontown

Dallas County.

Cheatham, H. A. Princeton
Matlock, G. S. Tulip

Desha County.

White, A. J. (D) Dumas
Bowles, T. H. Dumas
McCammon, Vernon (D) Arkansas City

Drew County.

Collins, A. D. Monticello
Cotham, E. R. Monticello
Smith, R. N. Collins
Wood, R. G. (D) Cominto

Faulkner County.

Greeson, W. R. Conway
McMahan, J. E. Kendall
McCullum, I. N. Conway
Williams, E. F. Greenbrier
Westerfield, J. S. Conway
Cureton, Hugh E. Conway

Franklin County.

Blackburn, E. W. Ozark
Crocker, J. T. Lonelm

Hot Springs-Garland County.

Thompson, M. G. Hot Springs
Ellis, Leonard R. Hot Springs
Hukill, A. K. Hot Springs
Jelks, Jas. T. Hot Springs
Jelks, F. W. Hot Springs
Hebert, G. A. Hot Springs
Holland, Thos. E. Hot Springs
Hay, E. C. Hot Springs
Short, Z. N. Hot Springs
Laws, Wm. V. Hot Springs
Barry, W. H. Hot Springs
Burton, O. H. Hot Springs
Williams, A. U. Hot Springs
McClendon, J. W. Hot Springs
Warren, Eugene. Hot Springs
Ellsworth, E. H. Hot Springs
Winegar, E. F. Hot Springs
Drennen, C. T. (D) Hot Springs
Wootten, W. T. Hot Springs
Minor, J. C. (D) Hot Springs
Ellsworth, P. H. Hot Springs
Collings, S. P. Hot Springs
Biggs, E. L. Hot Springs
Thibble, A. H. Hot Springs
Collings, Howard P. Hot Springs
Mount, M. F. Hot Springs

Grant County.

Butler, J. L. (D) Sheridan

Green County.

Haley, R. J. (D) Paragould

Hempstead County.

Garner, T. J. Washington
Waddle, J. S. Shelton
Carrigan, S. M. Hope
Gillispie, L. J. Hope
Garrett, H. J. F. Hope
Hays, R. E. Fulton
Weaver, J. H. (D) Hope

Hot Springs County.

Bramlett, E. T. Malvern
Williams, J. M. Malvern
Phillips, R. Y. Malvern
McCray, E. H. (D) Malvern

Howard-Pike County.

Corn, J. S. Nashville
Daley, J. M. Nashville
Toland, W. H. (D) Mineral Springs
Weaver, S. J. (D) Saratoga

Independence County.

Dorr, R. C. (D) Batesville
Roe, J. B. Calico Rock

Jackson County.

Jamison, O. A. Newport
Watson, E. L. Newport
Walker, H. O. Newport
West, C. (D) Newport
Willis, L. E. Newport

Jefferson County.

Walt, D. C. Altheimer
Scales, J. W. Pine Bluff
Crutcher, William. Pine Bluff
Orto, Z. Pine Bluff
Troupe, A. W. Pine Bluff
Luck, B. D. (D) Pine Bluff
Thompson, R. C. Pine Bluff

Johnson County.

Archer, C. A. Spadra

LaFayette County.

DeWoody, L. C. (D) Stamps
McKnight, J. F. Walnut Hill
Magee, L. F. Frostville

Lawrence County.

Meriwether, C. P. Walnut Ridge
Hughes, J. C. Walnut Ridge
Warren, G. A. Black Rock
Pringle, J. E. Hoxie
Robinson, W. J. Portia

Lee County.

Deaderick, W. H. (D) Marianna
Longley, W. W. Marianna
Williamson, O. L. Marianna

Lincoln County.

Tarver, B. F. Star City
Palmer, J. T. Star City

Little River County.

Vaughan, W. E. Richmond
York, W. W. Ashdown

Logan County.

Smith, J. J. (D) Paris

Lonoke County.

Abbott, C. C. Lonoke
Beaty, S. S. England
Turner, W. S. Blakemore
Murchison, A. J. England
Ward, O. D. England
Thibault, H. Scott
Brewer, Jno. F. Kerr
Thompson, Wm. A. Cabot
Chinault, J. C. England

Miller County.

Beck, E. L. (D) Texarkana
Kittrell, T. F. Texarkana
Mann, R. H. T. (D) Texarkana

Mississippi County.

Dunavant, H. C. Osceola
Howton, Oleander (D) Osceola

Monroe County.

Bradley, W. T. Monroe
Carter, R. W. Monroe
Murphy, F. T. Brinkley
Murphy, N. E. Clarendon
Saxon, R. L. Holly Grove
Simpson, A. R. Corning
Sylar, T. B. Holly Grove

Nevada County.

Dickinson, W. H. Emmett
Rice, W. W. Prescott

Ouachita County.

Davidson, A. Camden
Meek, J. W. Camden
Powell, B. V. Lester
Purifoy, W. A. (D) Childester
Sanders, G. P. Stephens
Thompson, J. S. Stephens
Word, N. S. Camden

Polk County.

Holmes, D. O. Mena

Phillips County.

Penn, G. E. Marvell
Trotter, C. S. Helena
Pearson, M. L. Poplar Grove
Fink, M. (D) Helena

Pope County.

Campbell, J. M. Russellville
Montgomery, W. A. Atkins
Rye, A. W. London
Spillers, H. F. London
Westerfield, J. H. (D) Atkins

Prairie County.

Hipolite, W. W. (D) DeValls Bluff
Robinson, F. C. Hazen

Pulaski County.

Runyan, J. P. Little Rock
Shinanlt, C. R. (D) Little Rock
Gihson, L. P. Little Rock
Smith, Morgan Little Rock
Sheppard, J. P. (D) Little Rock
Snodgrass, W. A. (D) Little Rock
Vinsonhaler, F. Little Rock
Simmons, J. A. Hensley
Stewart, W. N. Little Rock
Watkins, J. G. Little Rock
Meek, E. Argenta
Lindsey, R. W. Little Rock
Lenow, Jas. H. Little Rock
Miller, W. H. Little Rock
Bentley, Edwin Little Rock
Bentley, Carl E. Little Rock
Iling, W. P. Little Rock
King, S. U. Little Rock
Scott, C. V. Little Rock
Sweetland, A. E. Little Rock
Stephenson, C. C. Little Rock

Randolph County.

Hall, L. H. (D) Pocahontas
Hughes, W. E. Pocahontas
Hamil, W. E. Pocahontas

Saline County.

Elliott, J. E. Traskwood
Gann, Dewell Benton
Morris, W. E. (D) Perry
Phillips, J. M. Benton

Sebastian County.

Brooksher, W. B. Fort Smith
Crawford, L. D. Jenny Lind
Cooper, St. Cloud (D) Ft. Smith
Eoltz, J. A. Ft. Smith
Hatchett, B. Ft. Smith
Monilton, H. (D) Ft. Smith
Smith, W. F. Hartford

Sevier County.

Driver, J. H. De Queen
Isbell, F. T. Horatio
Norwood, M. L. Lockesburg

Union County.

Johnston, C. B. Champagnolle
Moore, J. A. (D) Lisbon
Niehuss, H. H. Wesson
Proctor, F. L. Junction City
Pettns, C. S. El Dorado
Rushing, J. L. El Dorado
Sheppard, J. M. El Dorado
Thompson, Sam E. El Dorado
Wharton, J. B. El Dorado

Washington County.

Young, F. B. (D) Springdale

White-Cleburne County.

Cleveland, J. C. Bald Knob
Jelks, J. M. (D) Searcy
Lovell, J. N. Bradford

Woodruff County.

Brewer, E. F. Grays
McCain, W. T. McCrory
Puckett, O. E. Fitzhugh
Utlley, V. T. Angusta

Yell County.

Linzy, J. R. Dardanelle

Visitors.

Adams, E. B. Kerr
Brown, Geo. R. Little Rock
Brewer, Mrs. E. F. Grays
Bentley, Mrs. Edwin Little Rock
Clegg, Mrs. J. T. Siloam Springs
Clegg, John Siloam Springs
Clark, Miss Marianna
Cheney, Miss Lucile Gillett

Cureton, Mrs. H. E. Conway
DeWoody, Mrs. L. C. Stamps
Duck, L. A. St. Louis
DeWoody, Mrs. L. C. Stamps
Epperson, F. R. Bluff City
Epperson, Finnis R. Bluff City
Fein, Mary A. Little Rock
Guthrie, Mrs. Adam Prescott
Gillespie, Mrs. L. J. Hope
Hunt, Mrs. Nora Magnolia
Hardy, Mrs. S. Stroud
Hardy, Wayne Stroud
Hukill, Mrs. O. H. Hot Springs
Hornbarger, W. J. Heber
Hornbarger, Guy Heber
Hnghes, Mrs. J. C. Walnut Ridge
Hornbarger, Guy Heber
Holland, Mrs. T. E. Hot Springs
Haskins, E. T. Newbern, Tenn.
Holder, E. M. Memphis
Hodges, T. L. Little Rock
Kelley, Mrs. Ed. Corning
Klein, Dr. Nettie Texarkana
Klein, Nettie Texarkana
Loeb, Noel Little Rock
Longley, Miss Annie Marianna
Lowe, Miss Mary Gillett
Lightfoot, J. B. Ind. Ter.
Lytton, Margaret A. Little Rock
Mann, Mrs. R. H. T. Texarkana
Monilton, Mrs. H. Fort Smith
McCollum, Mrs. I. N. Conway
Mathews, Dr. J. M. Louisville, Ky.
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THE JOURNAL

OF THE

Arkansas Medical Society

VOL. III

LITTLE ROCK, ARKANSAS, AUGUST 15, 1906

No. 3

Papers Read and Discussions on Same

Before the Arkansas Medical Society, Hot Springs, May 8 - 10, 1906.

DEGENERACY AND SOCIAL DISEASE.

(By Dr. T. J. Garner, Washington, Ark.)

Degeneracy, or degradation of development from the average normal type, is the fundamental cause of the majority of the multiform antisocial acts of every human being. This degeneracy may be inherited or acquired. It is a pity that we cannot at once reduce all social disease to degeneracy as its ultimate. This is, in effect, what the modern school of criminal anthropology claims to have done. This new science the age of which is but little past the quarter century mark, has developed much that is striking and valuable. Its birth marked an epoch in sociology and criminology; small wonder that it has developed certain untoward results which are inseparable from scientific enthusiasm. Some of its disciples have sought chiefly for things they wish to find. Many of its opponents have sought only for facts contradictory of those gathered by the criminal anthropologist.

The pendulum has not yet swung back to that mean of scientific thought and study where the golden grains of truth are to be found, untainted by bias for or against a new theory. The essence of degeneracy is neuropathy, usually hereditary. In fact, I am persuaded to assert, that every pathological condition to which the human organism is susceptible is of neuropathic origin. Again, I go further than this, that every antisocial tendency to which the individual is disposed after birth, let that tendency be towards imbecility, criminality, prostitution, drunkenness, or any other anti-social disposition is of neuropathic origin. Behind all processes of nutrition and growth is the physiologic architect, the nervous system. Through its trophic function the materials brought to the tissues are built into cell and fiber. As is the integrity of the nervous system, so is the integrity of the structure built up through its influence. The glandular system, especially, is affected by variations of innervation. Upon the quality and quantity of gland products the bodily health largely depends. This subject is in its infancy, as yet; this much we know, however, namely, that the function of brain and nerve tissue is seriously perverted by certain morbid conditions of the glandular system.

The quantity, quality and assimilation of food pabulum is the keynote of stability of the tissue building. With the source of the architect's own energy sapped by innutrition, and the materials brought to his hand made pernicious or defective in quality or insufficient in quantity, structural degeneracy must needs result. The importance of this as regards the brain is obvious. It bears direct upon the question of the relation of malnutrition to social pathology. Inasmuch as tissue building depends upon the functional integrity of the nervous system, it is evident that degradation of development, or degeneracy has a neuropathic foundation. Whatever the exciting cause of a given social disease may be, the predisposing cause in the degenerate is a neuropathic constitution giving rise to a perversion of formative energy which may be either in favor of or against a given structure. This neuropsychic degeneracy is not necessarily obvious; it may remain latent until some stress influence is brought to bear. The first debauch may demonstrate the existence of neuro-psychic degeneracy, and develop inebriety in a person hitherto supposed to be perfectly normal. Temptation to crime may be followed by acts which show for the first time that the individual is a neuro-psychic degenerate. It is a self-evident proposition that neuro-psychic degeneracy involves varying degrees of instability of will, irritability of temper, moral sense, and conscience. Leaving out of consideration the born criminal, whose moral sense is a negative quantity, and who is, therefore, the stable factor in criminality, the underlying cause of social disease is, in general, instability of neuro-psychic equilibrium. The phenomena of psychological and neurotic degeneracy are obviously not necessarily productive of criminality, nor, indeed, of any moral lapse. Neither physical nor psychological degeneracy necessarily indicates a criminal, nor even the existence of criminal impulse. The occasional criminal is often, but not always, a degenerate. The born criminal is invariably a degenerate. The reverse, however, is not true, for many degenerates have no criminal tendencies whatever.

Crime is only one of the many phenomena that degeneracy may produce. To this common cause may be attributed a large propor-

tion of cases of inebriety, insanity, epilepsy, pauperism, and prostitution. Degeneracy, however, although the chief etiologic factor common to all the varying forms of social disease, does not operate alone in the production of the given result. Degeneracy, properly speaking, involves conditions laid down during embryonic life. As already stated, it is essentially a neurosis, involving nutrition and growth. It is, however, made to include conditions acquired, or at least developing, after birth, in which it is not easy either to affirm or deny hereditary or congenital defect as a foundation. That a more or less definite physical cause underlies all psychic phenomena is probable. That the physical basis of many such phenomena is too occult for detection by any known method of research is not open for controversy. To say that we will one day be able to trace all intellectual and moral phenomena to an appreciable cause may be within the bounds of truth, but it is somewhat egotistic, for it is, in effect, claiming that we will one day know the secret of life itself. In any event we are at present compelled to consider the phenomena under consideration as entities in social pathology, and, theories aside, it must be acknowledged that many of the phases of social disease must be dealt with on their merits, irrespective of cause. We sometimes can discover no more of their fundamental physical nature than we can that of electricity. When no physical aberrations appreciable either during life or post-mortem exist, we are hardly justified in claiming that any given moral defect is an evidence of degeneration, unless prepared to prove that it is the result of distinct individual anti-social tendency. A given anti-social act, in which no antecedent or subsequent acts evincing criminal or immoral tendency can be shown, is to be weighed very carefully before assigning degeneracy as a cause. This is especially true in view of the fact that there is no arbitrary standard of normal men, either psychic or physical. The foregoing points are of especial importance in the consideration of many occasional or sporadic acts of criminality occurring like a thunderbolt from a cloudless sky, in the lives of hitherto blameless characters. Removal of inhibition upon the normal man is explanatory here. Such phenomena may be purely atavistic, like tendencies having existed in their progenitors. Degeneracy is an explanation that does not always explain. It is to be understood, then, that certain causes of crime operate by producing degeneracy or by developing criminal impulses in the degenerate, but that they also act by removing inhibitions in what is ordinarily understood as the normal subject. I will assume, also, as a corollary, that the normal man is naturally disposed to crime and vice. This disposition he owes to the possession of appetites and selfish impulses in common with the lower animals. The inherent primitive disposition of man to anti-social acts is the coefficient of the specific gravity of morals, which tends to pull him down in the moral scale, as soon as his inhibitions are removed. The higher, or altruistic, social instincts of man are distinctly artificial. They may be termed

"normal" by courtesy only. They are as artificial as every other result of adaptation to civilization. Man has risen in the moral, and therefore, in the social scale by virtue of his success in battling with his primitive instincts. He is stronger than these instincts proportionately to the number, force, and duration of the inhibitions that the exigencies of civilized society put upon him. The terrific, socially degrading power of the specific gravity of morals, due to the clinging of primitive instincts, is shown in fall from grace of the supposedly civilized savage who goes back to his blanket and moccasins at the first opportunity. Moral automatism has replaced in the white man the more primitive because more fully inhibited, and for a shorter period instincts of the savage. Heredity and atavism aside, the various influences operating in the removal of moral and social inhibitions, whether through the medium of degeneracy or otherwise, might safely be included in the generic term environment. Here again, the principles of evolution control. Even when actual disease or degeneracy of structure exists as a tangible basis for immoral or criminal acts, environment is generally, primarily responsible, either for the faulty organization or for the conditions that operate as the exciting cause of a given act. Vicious heredity is itself often the result of the action of unfavorable environment upon the parent stock. Having stated that all anti-social acts on the part of an individual are of neuropathic origin, I will now make a few general remarks with reference to the neurosis in their relation to social disease. The relative development and integrity of the human brain is the keynote of social pathology. The moral, intellectual and social attributes of all human beings revolve around brain anatomy and physiology. The domain of psychology, both normal and morbid, is destined to grow more materialistic and less mysterious with increasing knowledge of brain structure and functional localization. It is true that cerebral localization and the microscopic and psychic study of the brain are still in their infancy, but it is also true that what is already known is suggestive of tremendous possibilities. Time was when the map of the heavens as revealed by the telescope was a very simple thing. With increasing optical power came the discovery of solar systems—suns and galaxies of suns—of which none had dared to dream. As the modern means of scientific research improve, much of psychology which is now obscure will doubtless be revealed.

The Chemistry of Social Diseases.

Toxemia in its relation to vice and crime is intended to cover in a general way the effect of various poisons upon the nervous system in producing abnormal conditions, functional or organic, acute or chronic, that sway the conduct of the individual. Obviously, the minutiae of these conditions have no place in this article. The principles governing the physiologic or pathologic action of the various poisons, organic or inorganic, heterogenetic or autogenetic, are the same. It will be at once understood that this

is not an attempt to put crime upon a purely chemical basis. I am simply elaborating a factor in the etiology of crime that has been in the main ignored, save in so far as the effects of alcohol is concerned. Its importance, in my opinion, will grow as science progresses.

The Therapeutics of Social Disease in General.

It is hardly necessary to state that, inasmuch as the degeneracy underlies all social disease, what will be herein said regarding the preventive remedies for crime applies with equal force to all of the evils that spring from degeneracy. The therapy of crime, like that of disease of the individual body, comprises both preventive and curative measures. Like remedies for infectious diseases, the remedies for crime in most instances act as both preventive and curative agents. According to statistics it is shown that the proportion of criminals in civilized countries is on the increase, and, further, that punitive methods have been mainly relied upon for the correction of crime, it follows, logically, that our methods have been faulty. To the scientific student of criminology the reason should be obvious. The criminal himself, and the crimes that he commits, have received the attention of society, but the causes that produced the criminal have been practically ignored, so far at least, as any rational, definite attempt to correct them is concerned. The science of medicine has of recent years made great strides in the relief and cure of disease, and has greatly enhanced the value of the profession to society. Improvement in treatment has been due not to the discovery of panaceas, but to a more accurate knowledge of the causes, and means for the prevention of disease. Even when new and effective remedies have been discovered, we are chiefly indebted for their discovery to the betterment of our knowledge of pathology and etiology. Recalling the parallelism existing between individual and social diseases it is obvious that improvement in the management of the crime problem must come from an increase in our knowledge of the causes of crime, the physical study of the criminal himself, and a more enthusiastic attempt to prevent crime by remedies suggested by the knowledge of its causes. The moralist and the lawmaker have had their innings and have failed, on the whole, and hope for the future would seem to hinge upon the dominance of medical science in criminology. Granting that degeneracy underlies all social disease, let those anti-social tendencies be whatever they may, it follows that the most effective means of prophylaxis are those which further the prevention of degeneracy. Inasmuch as the conditions underlying degeneracy are chiefly hereditary, it is obvious that attention should first be paid to the parentage of the prospective degenerate.

It has been truly said that every child has the right to be well born. A condition of society in which this should be guaranteed to every child would indeed be Utopian. While not beyond the range of possibility, it is certainly not within the bounds of reasonable

probability that this condition of affairs will ever prevail. The social millennium is a castle of dreams. That great betterment of conditions may be attained, every sociologist is well aware, but the chief obstacle in the way of advancement is the unintelligent and illogical sentimentality and Pharisaism of the general public, which is content to go on dealing with effects, and ignoring causes, and well satisfied with the "less holy than I" explanation of crime.

Marriage Contract.

Society begins its self-contamination at the marriage license window. Here is the fountain head of the stream of degeneracy that sweeps through all social systems. The foundation stone of society is the matrimonial relation. Its assumption is the most important step that a human being can possibly take, and upon the conditions surrounding it depend the most important interests of our social system. Taking this into consideration and laying aside the selfish apparent interests of the individual it is astonishing that no rational effort at the regulation, control, or supervision of the marriage relation is made by society. The license window is a place where the honest citizen and the criminal, the sane and the insane, the diseased and the healthy, the pauper and the millionaire, the learned and the ignorant, the intellectual and the weak-minded may meet upon common ground. The criminal, the insane, the epileptic, the syphilitic, and the drunkard are here authorized by law to begin the procreation of their kind, the number of their progeny being limited entirely by the volition and physical capacity of the individuals immediately concerned. The marriage license is the agent that sets in operation the individual and social machinery for the manufacture of degenerates. That the degenerates are a menace and expensive burden to society is everywhere admitted. Has society a right to protect itself against its own vicious off-scourings? I believe it has. But until the public mind awakes to the scientific causes that produce the neuro-psychic aberrations of the degenerate, little may we expect to be done. The sanitary marriage is possibly an idealist's dream, and it may never be practicable to altogether eliminate from society the assumption of the matrimonial relation by individuals to whom it should be by no means permitted, but a wise control and regulation upon rational scientific principles is certainly practicable and likely to achieve wonderful results. That society eventually will, for its own protection, adopt some method of regulation and restriction of matrimony I believe to be inevitable. Society assumes the right to defend itself against the finished product of its matrimonial factory of degenerates, and there is no logical reason why it should not also assume the right to protect itself from the conditions which set the machinery of evil in operation. I firmly believe that the time will come when it will be no longer possible for our army of recognizable degenerates to procure a license to marry. I believe that it should be, and one day will be, a statutory

crime for a person in the active stages of infective disease of a venereal character to marry, and thus risk the almost inevitable infection of innocent persons. There can be no greater crime against an individual than inoculation with contagion, the effects of which may perhaps outlast several generations and carry affliction and misery to unborn innocence. The rights of the unborn will one day be considered. In brief, I believe that man will one day devote to the breeding of human beings some of the knowledge he has acquired in the breeding of the lower animals. Stirpiculture will be the solution of the race, and is the rational antidote for degeneracy and its train of evils—social and individual. The law stipulates as to the age of candidates for matrimony. In certain states consanguineous marriages, even to the fourth degree of consanguinity, are forbidden; in all states consanguinity up to the third degree is a bar to matrimony. In many of our states, both Northern and Southern, miscegenation is prohibited. It will be seen, therefore, that sentimental objections to the regulation of matrimony are even now sometimes honored in the breach rather than in the observance. Inasmuch as sentiment has hitherto been no bar to the demand for license, it should not be a bar to the demand for proper qualifications on the part of candidates for matrimony. Mr. Reeve, of Illinois, in a masterly discussion of the marriage question in its relation to criminality says: "If the vilest mortal that lives sees proper to marry, the law issues the license for the asking, takes the fee, makes the record, and leaves the offspring and society to shift for themselves the best they can. Even paupers, while in the poorhouse, and criminals while in jail are in every way encouraged and given license to marry, and are protected by the law; no thought is taken for the unfortunate offspring, or for the body politic or social, and the irreparable evils that must fall upon all. The church adds its sanction, and its ministers aid in making the civil contracts by performing a ceremony with prayers and benedictions. If it is wise to prohibit polygamy, marriage between relations and between persons whose insanity or idiocy is self-evident, it is equally wise to prohibit it in all cases where evil may follow. If the law has the power to prohibit and punish in the one case, it has an equal right in all others. There is an endless procession of children from all these sources coming into the mass of population to live lives of crime, immorality, want, suffering, misfortune and degeneracy, transmitting the taint in constantly widening streams generation after generation, with the ultimate certainty of the deterioration of the race and final irreparable degeneracy."

Previous to the issuance of a marriage license, statutory law should demand that both the persons immediately concerned obtain a certificate as to their physical and mental condition from non-political and therefore non-partisan board of medical examiners, which should be an appendage of the health board of the district in which the application for license is made.

SOME SEVERE COMPLICATIONS OF INFLUENZA.

(By Dr. B. G. Wood, Cominto.)

In the last few years influenza has been endemic in our country with frequent recurrence of small epidemics of small extent and usually of mild type. Much of this mild type of influenza has spent its force on the gastro and intestinal tract leaving in its wake as many chronic gastro-intestinal catarrhs as former epidemics left of pulmonary troubles. These gastro-intestinal inflammations have been in the majority of cases of the secondary manifestation coming on in about a week or ten days after initial symptoms of the trouble had given away, manifesting themselves as with an acute indigestion with nausea, vomiting and diarrhea and when of mild type will run its course in a few days, the symptoms of each depending upon the part of the gastro intestinal tract that bore the brunt of the attack varying from those of simple gastritis, gastro-enteritis or entero-colitis and of all grades of severity, but this catarrhal manifestation has in my vicinity been accompanied with a type of the disease that has been very malignant and very fatal. More malignant and more fatal the past year perhaps on account of the pernicious type of malaria that complicated many cases, but I have seen so many cases without malarial manifestations that I think the malaria was secondary and unimportant. I would give as short description as possible. During a mild epidemic of influenza and after the bronchial symptoms have begun to disappear, usually about seven to twelve days after the beginning of illness after the patient becomes nauseated and have diarrhea. In severe typical cases the discharges from the bowels are thin yellow water, but sometimes small specks of mucus and with a very offensive, putrid odor. The vomitus, at first a glary ropy mucus, quickly became a thick green material, occasionally thin as water and at other times as thick as white of an egg, but so green it would look almost like blue-stone water. This vomiting continued throughout the entire course of the disease. Not so with the diarrhea; that lasted only one or two days and, then, in the severe cases complete constipation ensued, the inflammation seemed to invade the mucus, submucous, muscular and peritoneal coats of the bowel, completely paralyzing the peristaltic movements of that part of the tract involved. Sometimes the entire tract appeared to be thus involved, but if so the disease came to an early termination without having time to develop the most characteristic symptoms, the patient dying within thirty-six or forty hours. In these cases it is difficult to differentiate it from the ordinary pernicious forms of malaria, the chief distinction being the absence of chill and fever and the spleen and liver not being inert until a few hours before death.

There is always an enormous enlargement of the liver just before death in all the fatal cases. In the beginning of the gastro-intestinal complication there is little or no pain or

other discomfort, except the intense nausea, which is constant.

The nausea is somewhat relieved by the act of vomiting. The face is suffused of the dusky red blush very prominent in the ears and cheeks, the capillary circulation being so sluggish as to run very slowly to a point from whence it has been forced by pressure. This flush continues until the crisis is passed in cases of medium severity; but in the more malignant cases it rapidly gives away to a dingy, dark laden, complexion, that in turn develops into a bluish purple a few hours before death. The pulse in these malignant cases being very rapid, reaching one hundred and forty to one hundred and sixty in children the first hours. In typical cases it is but little accelerated and is hard, inclined to be wiry. In these cases the pulse remains slower throughout the entire illness than would seem to be warranted by the gravity of the condition. Each act of vomiting, however, would run it up considerably for a few minutes at a time. The patients are quite restless and desire to have cold water constantly poured on their head, although the skin is pleasantly cool and the temperature even in the rectum, in all cases free from a malarial complication, is rarely ever more than ninety-nine and is as often half a degree below normal as it is above.

The temperature in these cases runs for days and weeks from ninety-seven and one-half to ninety-nine and one-half, rarely higher, but often as low as ninety-six. There is a slight tenderness over the stomach and the course of the colon which sometimes gets severe over the abdomen after the bowels begin to resume peristaltic movement. There is sometimes pain in the back over the region of the kidneys, which in a few cases has been quite severe. With the exception of the slight pain in the back and tenderness in the bowels and an occasional headache, there is no complaint whatever of pain during the entire course of illness.

The tongue at first is slightly coated with a yellow fur and thickly dotted on the tip and edges with small red pimples or points that sometimes are very prominent. This is a constant symptom in all cases. As the disease advances the coat becomes more foul until finally the tongue is as foul as can be.

Some few of the cases have more of the surface of the tongue covered with the red pimples and very little of the yellow coating. The bowels are never swollen during the run of the acute stage, but after peristalsis begins to return they are slightly puffed nearly all the time and at intervals become considerably swollen.

The inflammation in some parts of the bowels seemed to be of a croupous character and the patient would almost sink with depression at times, and, indeed, it was at this stage that most of the fatalities would occur. This depression would come on by spells until the bowel had been thoroughly emptied of the black, foul smelling material and membranous

cast; then the depression would give way and the patient be left as helpless as a baby.

It would usually take about three days for the bowels to become thoroughly emptied after they had begun to act freely. The discharge would then change to a greenish, yellow color with quantities of white mucus.

Just after the membrane passed there would frequently be more or less bloody serum passed in the discharge. This would only occur in a few actions. It was in this stage of resolution that most trouble would occur from gaseous distension of the bowel. Seemingly the peristalsis would not be uniform throughout the bowel, those coils of intestines that had been worst inflamed, being so weakened that they acted but imperfectly, causing partial obstructions to the passage of contents above.

To recapitulate: The distinctive symptoms in these cases are the peculiar facial appearance, the constant and long continued nausea and vomiting, the peculiar character and constancy of the vomitus, the beginning diarrhea followed by the paralysis of the bowels with the complete cessation of all discharges from them in typical cases. The tendency for resolution to begin at a certain period, the peculiar character of the contents of the inflamed portion of the bowels with the throwing off of a lining membrane either in shreds or large casts, the peculiar and characteristic symptoms of toxine occurring during this process, the almost total absence of fever and pain, the slow pulse and dry skin, the frequent albuminuria, the constant desire of cold applications for the head and the desire to eat ice where there is such a low temperature, the complete anorexia during the entire illness.

I had no microscopic examination, hence can not say whether there were any casts or not. These main symptoms continued from five to nine days owing to the severity of the affection or the amount of intestine involved, and the croupous inflammation. There was a well defined tendency to resolution on the ninth day in all severe cases that recovered. For some days there would be no discharge from the bowels whatever, then enough material would come down in reach of my rectal tube to stain the irrigating fluids to a dirty black color, more like the water where an old dirty shot-gun had been washed. This material would gradually increase in quantity until the bowels would begin to act themselves, having the same gun-powder appearance and having the most offensive odor, I think I ever smelled.

In all these black actions there would be quite a lot of material at the bottom of the vessel, when it was rinsed out, that looked exactly like a very fine and very black shiny sand. By degrees the bowels would begin to throw off the membrane, first in fine tough shreds, then increase with longer and larger pieces until whole casts of certain sections of the bowels would be thrown off. During this process the symptoms all changed, the flush gave way to an intense pallor, the pulse

would sink, becoming slow and soft, sometimes go down as low as forty per minute. The vomiting was not so frequent after the bowels began to move, but during this stage the vomitus would change from a green to a black color and look exactly like actions from the bowels, excepting the black sand and the offensive odor. The skin became moist and at times covered with a profuse sticky perspiration that had an offensive odor.

The absorption of toxines would be so great after peristaltic movements had begun to stir up the retained excrement and products of the inflammation with either the formation of the false membrane, or the casting off of the mucus membrane, the latter seems to me the more probable, but in the absence of any microscopical examination, I am unable to say, but certain it is about the ninth day in typical cases there was cast off a membrane at first in shreds and then in sloughs of several inches in length that are complete casts of the bowels, some of these casts from the large bowel, others from the small bowel. I have seen casts of the small bowel measure twenty-six inches long, and those from the large bowel twenty inches in length.

These casts from the large bowel when floated in water show every pocket fold and stria of the large bowel and in some of them would be hard fecal matter composed of material that had been ingested before the illness sometimes as long as from three to five weeks before. In one instance I have found some pills in this way that an old lady had taken seven weeks before. The only other symptoms of interest is the character of the discharges from the bowels and of the vomitus and action of the kidneys. In a majority of all the severe cases there was a slight albuminuria that continued throughout the course of the illness and sometimes far into the stage of convalescence.

In some cases a considerable amount of mucopurulent material would pass with the urine. The bladder, ureters and pelvis of the kidneys seeming to contribute their share. In two of my cases there was complete suppression of the urine; these of course rapidly developed severe uremic symptoms.

In these two cases there was a profuse perspiration after the suppression of the urine, the pulse became full and bounding, but other symptoms remained unchanged. All other cases had a dry skin throughout the entire course. In the majority of cases the kidneys acted quite freely, although as mentioned above, a slight albuminuria existed in most of them. There was difficult digestion and assimilation for a long time afterwards and liability to frequent relapses that kept some patients ill for months. I have known one patient to be very ill and bed-ridden for six months and others from two to four months with this trouble. The absence of any perceptible enlargement of spleen until the bowels begin to move; then the rapid and extreme enlargement of the liver and slighter enlargement of the spleen at that time.

I have made only four autopsies, but no

histological examination; heart and lungs apparently normal, stomach somewhat dilated and contained the same material vomited; kidneys appeared slightly enlarged in two cases and in the others appeared normal. Intense inflammation of the greater omentum and other folds of the peritoneum adjoining and some of the coils of the small intestines and in two of them the cecum, appendix and ascending colon were involved in inflammatory process. The colon in one of these cases that died had quite a lot of firm fecal matter in it and, in one case, the duodenum seemed to be badly inflamed; all the inflamed tissues were very dark compared to the rest. The blood vessels seemed to be very much dilated and filled with blood. As for literature on this subject I have been unable to find any.

Dr. Flint, in one of his old works mentioned an epidemic of croupous enteritis occurring in Pennsylvania, in 1837, I think that was very fatal, but of limited extent. The death rate was very high in the severe cases of the epidemic around me and unfortunately a large per cent. of the cases were more severe during last season, perhaps on account of the pernicious form of malaria that prevailed at that time.

Those cases that were complicated with the severe malaria would all have their high fever and quick pulse in addition to the other symptoms. Usually the free use of quinine would eliminate the fever and other malarial symptoms in three or four days, if given by enemas or hypodermically.

As for treatment, I hate to mention it. It would naturally be supposed a physician would run pretty well through his *materia medica* during an extended epidemic of sickness of this kind in which a patient would vomit for days and weeks and be obstinately constipated, and, in some cases, longer than seventeen days without any motion of the bowels whatever. I wish to say, however, that irritating purgatives of whatever kind were not only useless, but very harmful, only hastening a fatal termination and utterly without effort to revive peristaltic movements in the paralyzed bowels. Gelsemium and aconite seemed to meet the conditions of the circulation best when in enlarged doses by enemas and hypodermically for malaria, or in smaller doses for prophylaxis, cascara, hydragristis, sulphate of magnesia, and oxodis deod. tr. of opium for the bowels. Creosote, bismuth and salol with charcoal, seemed to be best for the stomach with alkaline mineral waters. Acidulous and citrus fruit such as lemons, etc., seemed to disagree. Strychnine and digitalin, hypodermically in the latter stage, sulphate of morphia in full doses, hypodermically, seemed to give the only respite from the distressing nausea and vomiting. Cold applications to the head, hot applications to the stomach and bowels with hot mustard foot baths and irrigation to the bowels in large quantities of hot water, used with the rectal tube introduced as far as possible into the bowel, and sometimes in the last stages of intense depression, the free use of the normal

saline solution, very hot, in the same way, were all used.

But, gentlemen, all treatment was worse than useless in many cases, the disease apparently standing impregnable behind a totally paralyzed bowel, which seemed its main stronghold.

DISCUSSION.

The Chair: This subject has been very ably handled, and I want to see it discussed by people that have probably had more experience than I have had at any time in my county. The condition the essayist describes is unique and quite mysterious. It is true that sometimes the patients do as well in that condition as in any other; but in the majority of cases they never eliminate it at all.

Dr. Clegg: I have been very much interested in the essay. The author has described a condition that appears to me quite new, and he should be complimented upon the thorough manner in which he has given the details. In my opinion it is one of the best papers that has been brought before the society. It is something entirely new, so far as I am aware, and I would like to hear from the others present.

The Chair: I also think as Dr. Clegg does about this. It is new to me; I have never seen a case. I feel that it is a paper that ought to be discussed. If you have any experience along this line, let us hear from you. This essay is certainly of much more value to us than papers that so often come before a medical meeting.

Dr. Kirby: I wanted to say that I am like Dr. Clegg. I have had no experience in its treatment; have never seen anything of the kind, and don't want to have to deal with it.

Dr. Young: I am like the rest; have seen some similar cases; but none so bad as those described in the paper.

Dr. Hurley: The cases I have seen were not of so severe a type of inflammation as the gentleman reports. The cases that came under my observation were an acute type of abdominal croup, presenting symptoms of gastro-enteritis, resembling some of the symptoms that Dr. Wood describes in his cases. I think in all probability that what he has is a severe diphtheritic type of la grippe. It is probably influenced by some local cause, making it severe. The other changes that he had in the liver, spleen and kidneys are results that succeed, very often, any severe inflammatory trouble. Those cases that occurred in Dr. Clegg's county, I did not attend, and did not follow them up closely.

The Chair: We had croupy diarrhea, plenty of it, but nothing like this.

Dr. Troupe: These cases which Dr. Wood brings out, to my mind, show a very aggravated catarrhal condition most likely due to malarial infection.

Dr. Wood: But those people down there had an intense type, lasting several days. They had protected themselves against malaria as far as possible. Very many did not

have symptoms at all before they came under treatment for this acute gastro-enteritis. One day we would think they had typhoid fever; next day they died.

Dr. Webster: I can only recommend the normal saline solution. It did more good than anything else that I tried, where the ministration of salines hypodermically is necessary.

Dr. Walt: I must simply say that this is something entirely new. Have never seen or heard of anything like it in my practice. There is sometimes a peculiar catarrhal condition characterized by stringy dejections, brought about by inflammation and severe pressure, due to hyperemia, intestinal trouble, with catarrhal complications and dilated arterial conditions. I had one case down at Altheimer, where there was severe hyperemic condition. Generally, of course, non-interference with fevers is indicated, and I very rarely do so. Irrigation proves to be the best course in any condition where elimination is indicated; and I do not know of any pathological condition where elimination is not necessary.

Dr. Wood: I merely wish to say in conclusion that there were not as many of the severer cases, but all grades of severity from those described to a mild catarrhal diarrhea. Only in the severe forms would the membrane come away as an entire cast of the bowel. These casts were often from four to twenty-six inches in length, and sometimes contained hard fecal masses, or scybala, that had evidently been there prior to the illness. Resolution would usually begin about the ninth day, but very frequently there would be slight exacerbations of the disease in which all the symptoms returned for a time, and sometimes a complete relapse when the disease would run its course with same symptoms as at the beginning.

I sent a specimen of the discharge from the bowels to Dr. William Kraus, of Memphis, Tenn., for his report on the cause. The first sample got damaged in transit and he asked for another sample, which I sent him some time after. When I received his report it was in reference to some milk he had examined for some one. I returned it and requested that my report be sent me, as the mailing clerk had evidently misunderstood the reports, sending the one intended for me to some one else and theirs to me.

Dr. Kraus had just sailed for Europe, however, and his clerk could not get the matter straight, so I never had any help from that source.

THE RACE QUESTION FROM A MEDICAL STANDPOINT.

(By H. Thibault, Scott.)

While much useless and dangerous discussion of the race question from a political standpoint, has been indulged in, the question from a physical or medical standpoint has been greatly neglected, and this

neglect has gone on in spite of the fact that the race question in all its phases, political, social and otherwise, is born of physical, mental and moral differences in the races of people inhabiting one territory and living under one government. I hold that these physical and mental and also the moral differences come well within the scope of medicine, and that there is a probability that some day, because these differences do fall well within the field of our studies, that this profession may be called upon to state whether or not in its opinion, these two races should separate forever or mingle and form a new and distinct race. The idea of a mulatto race supplanting the whites has never been relished or entertained by any but a few fanatics, and the idea of colonization has been bitterly opposed by the negroes, who feel that they have a right to some part of this country themselves. These questions will all settle themselves in time, in fact nature is probably slowly settling them now, and it is barely possible that by a careful study of what is taking place, we can tell beforehand what the final disposition will be. The United States census reports form the basis of most of the statistics quoted on this subject, and in some respect they are very misleading. Thus when we study the number of negro births in some of the states, we feel that in a few more years there will not be ground enough for them to stand on—when in reality the question is not one of ground to stand on so much as of ground to be buried in.

For some time I have been collecting data bearing on this point. I was led to do this by the often reiterated remark of the mothers of my white patients, who, when I would suggest some restriction of the little fellows' diet, would say: "Look at the negroes. They feed their children all sorts of things, and they raise big families." In answering such remarks as these—that custom and repetition have made people believe—it is necessary that our information be accurate and capable of ready demonstration. Therefore I undertook to find out what per cent. of the negro children were raised to puberty. Of course my data only covers a limited area of country, but it is of the typical cotton growing districts which furnishes not only the most but undoubtedly the thriftiest and healthiest members of the negro race.

The following table shows that the negroes ("who feed their children all sorts of things") do not raise such large families, though they have many children. This table includes only families raised. That is, where the mother is past the child-bearing age and the children have all reached the age of puberty or thereabout. In most instances, the information was obtained from the mothers, but in some cases it was obtained from some of the "children." The first column indicates the source of the information. That "mother," "father," "sister" or "brother" to the children enumerated:

Source of Information.....	No. Children Born.....	No. Living to Puberty.....	Per Cent.....	Initials of Informant.....
Mother	22	7	31.8	J. L.
Mother	14	5	35.7	R. J.
Father	7	1	14.3	G. J.
Mother	2	1	50	S. J.
Mother	6	1	16.6	Lou
Mother	15	6	40	N. M.
Mother	5	2	40	P. D.
Mother	3	1	33.3	F. N.
Father	4	1	25	G. M.
Father	11	2	18.1	E. M.
Mother	5	3	60	B. McCo.
Sister	6	3	50	B. McCo.
Sister	9	3	33.3	F. F.
Mother	14	5	35.7	A. P.
Mother	14	6	42.8	A. B.
Mother	7	2	28.6	.....
Mother	14	3	21.4	J. S. Wife
Mother	11	5	45.4	W. A.
Mother	4	2	50	J. J.
Mother	14	9	64.2	A. A.
Brother	4	3	75	E. C.
Brother	7	5	71.4	A. T. T.
Father	13	4	30.8	A. T. T.
Father	3	0	100	M. M.
Father	4	1	25	G. W.
Brother	11	4	36.2	M. P.
Mother	2	0	100	J. R. J.
Sister	13	4	38.8	C. A.
Mother	6	3	50	L. J.
Total 29 families	250	92	36.8	

These figures do not include abortions, still births, etc., yet they show a mortality of 63.2 per cent. of the children born. There are twenty-nine families represented in this list, making an average birth rate per family 8.6 and an average of children raised to puberty by each family 3.17.

A similar table of twenty white families in the same community gives a total of 92 children born, 80 raised, and only 12 dead. Average born to each family 4.6, average raised by each family 4. Percentage of children born that are raised 87 per cent. and a mortality of only 13 per cent. A comparison of these figures shows that the average births in the negro family is 8.6 against 4.6 in the white family, and the average of children raised is 3.17 in the negro family against 4 in the white family. Thus we have an absolute advantage of one child per family in favor of the white people and a relative advantage far greater than this—as can be shown by the obstetrical history of white and negro women—that is, the question as to relative productiveness does not depend entirely upon the child-bearing women. Venereal diseases, sterility and abortion all play an important part in solving the race question, and in this, as in the number of children raised per family the white mother has a decided advantage.

tage. I believe that very few people realize the great number of sterile negro women. Out of 400 negro married women examined, and whose history I know sufficiently well to be able to make a practically accurate statement as to their ability to bear children, exactly 50 of these are absolutely sterile, that is, they have never had any children and probably never will. That means one in every eight is never able to bear children, and twenty more out of this same number have borne one child, and after years of married life are unable to bear more. This is not due to voluntary prevention of conception or to the production of early abortion, for all or nearly all of these have sought medical aid to relieve their sterility.

In comparison to the above figures fifty white women inhabiting the same section of country and living under the same natural conditions, show but one to be sterile, and only one to have borne one child, and no more after several years of married life. This shows that the offspring of the white woman is not only more numerous when we consider only those children actually raised to maturity, but also that the chances of this offspring, being able, in turn, to bear children is greatly in favor of the white race. The percentage of sterility being only two in the white race against 12.5 in the negro race. Besides these facts in regard to the number of children raised and the number of sterile women of the two races other factors may be considered, such as the relative frequency of abortion and still births in the two races. My obstetric practice among the white women is, of necessity, limited, owing to the scattered condition of the white families in the farming district, yet what few cases I myself have had, together with others with which I am familiar, show that abortion is much more frequent in negro women than in white women. These figures show out of 360 consecutive cases of labor in negro women 28 abortions and seven still births, or about 8 per cent. of all cases attended abort, and about 2 per cent. have still births, while in 59 cases of labor in white women show only two abortions and no still births. Thus showing only 3.3 per cent. of abortions against 8 per cent. in the negro. These last figures, however, are not in reality either entirely accurate or just to the negroes' side of this question, as a great many of the normal cases of labor in the negro women are not attended by physicians and therefore under our present lack of a registration system are recorded only by the number of woolly heads that appear at the cabin door when the stranger approaches. I intended at first to discuss other phases of this question—still births, and infant mortality from syphilis, impotence in both sexes from venereal diseases and sexual excesses; the effect of cohabitation without marriage, which we find to exist in 39 per cent. of the families living on plantations, but I find that if these subjects are carefully studied, that each will furnish material for a paper. So I'll leave the subject here for someone else to work out, or to take up myself at some future time.

DISCUSSION.

Dr. Dunavant: I think that this paper is of great deal of importance to this Society. I happen to live over in a big negro country, and can heartily endorse every word that the doctor has said in his paper. It shows study, and I am glad to see that the young man has taken it up. I think he is right on the line to give us a good deal of advice along that subject, and I hope he will continue his study, and at some future meeting that he will be able to present us with a more elaborate paper, showing more elaborate study than he has tonight.

Now, I think, from the experience that I have had over in my county among the negro race and some negro physicians, if we will just license enough of those negro physicians to practice in the State, we will soon get rid of the negro race. (Laughter.) In one of the centers of large negro population in my country, there is a negro doctor who is doing an extensive practice. He has a big reputation, and when the negroes scrape up a few dollars they will go to Dr. Wheeler down at Evadale, about twenty miles below me. The farmers around in that country tell me that there has not been a negro baby born in that neighborhood since this negro Wheeler has been there. I say, if our State Board will go ahead and license enough of this kind of fellows, we will get rid of the negroes in the country.

Dr. Snodgrass: I am glad this discussion has been brought up. If I have read history correctly, I think the people of Boston have been trying to solve this negro question for at least forty-four years, and, according to the statistics we have here now, I think within three or four generations we will have it pretty well solved. I believe Dr. Dunavant's suggestion to license negro physicians is a splendid thing along this line.

I have had quite an extensive practice in treating negro women who came before the clinic at the Medical College at Little Rock, and it is almost impossible to find a negro woman unmarried or not living with her husband, 25 years of age, who has not had gonorrhea. I believe that this is a prolific cause of sterility. Few of them are sterile from inception. They bear one child and do not bear any more. Ninety per cent. of the women that come before the clinic come there to be treated for sterility or some venereal disease.

I am glad that Dr. Thibault has taken up this subject, and I hope he will continue it. It would be well for us all to investigate this matter, and make some report to our friends in the East of the solution of the problem that we have found. (Applause.)

Dr. Brooksher: I want to compliment Dr. Thibault on this paper. He has evidently spent a great deal of time upon it, and to my mind it is along the correct lines. He is doing some original work. I believe if more of us would do original work, we would make our meetings more interesting. But, it only illustrates that there is a field for original work around us if we will only look for it. The doctor, so far as I know, has blazed out a new field in original work, and I believe it is along those lines that

this Society should go to work, and not bring in so many text book compilations. There is a field for original work around the doors of every one if they will only look for it.

I enjoyed the reading of the paper very much, and want to compliment the doctor upon the preparation of it, and hope he will keep the investigation up, to serve as an inducement to me and other members of this Society to look around us and see if we cannot do some original work and thus advance the cause of medicine and humanity. (Applause.)

Dr. MacCammon: I have learned two points from Dr. Thibault's paper: one is the statistics which he has gathered have come from a great malarial country, and the cause of the death of a great number of negro people. It has been known for a good many years that the death rate among negroes in towns like Louisville, Ky., far exceeded the birth rate by a great many per cent. They go in these towns and live under unhygienic conditions, and tuberculosis kills them off. The negro population of these towns are recruited from the hills of Georgia, Alabama, North and South Carolina, and that country where they don't have malaria. And the negro thrives better in country places than around saw-mill towns and places where they are possessed of more bawdy houses, where they have more gonorrhea and syphilis. Another fact, as the doctor just mentioned, is cocaine. It is surprising what a number of negroes die in Memphis from cocaine poisoning.

Dr. Thibault: I have a few facts in regard to the negro doctor question that will help Dr. Dunavant out a little more in his theory. I don't doubt for a moment that his theory is correct. The negro physician is like the negro engineer or the negro mechanic. When things are going his way, he remembers his text book by rote, and mechanically he can do things. When things go wrong and demand judgment and head-work, he might as well not be there or a good deal better.

Their prime defect is in diagnosis. There are three negro doctors in my country. A week or two ago I was called in to see a negro woman that one of these men had visited. Their stock disease for women is falling of the womb. I suppose they got that phrase from the women. I found this woman had falling of the womb for a year or such matter, and this negro doctor took her by the legs and shook her up and put it back. (Laughter.) I examined the woman and found she had a uterine tumor which nearly filled the entire pelvis, a great enlargement of the left ovary and the tube was enlarged. I advised operation. My diagnosis was tentative between an old fibroid in the body of the uterus and cancer. I understood from a neighbor of mine after I had advised operation that Dr. Snodgrass operated upon her day before yesterday, and I am sure if he relates the case he can tell you that she did not have falling of the womb, because in my examination it was too big to go down into the pelvis at all. That is their stock diagnosis.

Another phase of this question, as Dr. MacCammon speaks of, is the relative comfort and hygienic surroundings in the country and towns. You gentlemen who are familiar with

the customs on the large plantations in the South know that the negroes get their fuel absolutely free. They pay no house rent and they have better houses than they can get in the towns. While I have no absolute figures on the relative mortality of negroes in the towns and the country, knowing as I do that the hygienic conditions are so much better in the country, the mortality must be a great deal more in the towns than it is in the country.

Now, I realize fully that the statistics I have gathered are rather insignificant from the fact that you cannot take one county or one state and set up a criterion for the whole of the United States or the whole of the Southern States. But, I was prompted to gather them, as I stated in the paper, by very often, when I went to prescribe for a child of one of my white patients, having the mother point to Aunt Francis or Aunt Jane over there who had twenty-two children, or she has got a big family and raised them. The fact is, they die out so rapidly and so quietly that the people around them don't know they are dying. They don't realize it. When you question these people and find out how many children they have, you will find 63 per cent. will die and 37 per cent. will live. I hunted this thing up particularly to be able to retort to this remark of my patients when they were kicking against restricting the child's diet. They want to give the child what it cries for, no matter what that happens to be, and when you go to answer any argument like this when they point to the negro race, you have to have the facts to answer it with, or you will trip up. And that was the incentive for getting up this paper.

—X—

TUBERCULOSIS.

By Dr. G. E. Penn, Marvell.)

Definition.

Chronic and sometimes acute disease which is contagious and generally attacking the lung.

History.

Hippocrates recognized the disease and supposed it a suppurative process of the lung 460 to 377 years B. C.

Not until the middle of the seventeenth century did the knowledge of tuberculosis make any advance. Nodules were then discovered in the lung and were described tubercula or scirrhous, and the relation between these and pulmonary phthisis was first mentioned by Sylvius between 1614 and 1672. Magnetius, in 1700, was the first to describe miliary turbercles.

Early in the nineteenth century, Bayle and Laennec discovered the tuberculous new growth as a distinctive body.

In 1865 Villemin inoculated rabbits and guinea pigs with particles of tubercular and cheesy substances, producing tuberculosis. In 1882, Koch discovered the tubercle bacilli which is the cause of the disease.

Geographic Distribution.

Tuberculosis prevails in nearly every quarter of the globe, but is more prevalent in some parts than others. There is more of it in hot and wet than in cold, high and dry climates,

and it becomes less as we approach either pole.

Morbid Anatomy and Pathology.

Scattered throughout the infected area are found tubercles of different size, the result of tissue reaction upon the invading bacilli and their toxins.

Owing to a failure of nutrition, the mass generally softens and breaks down, but sometimes the masses become calcified, or encapsulated, and are harmless while in that condition. Should softening and ulceration into a bronchus take place a cavity is formed and from the absorption of the toxins, other tissue becomes diseased.

In a disease which may be either acute or chronic, localized or diffusely infiltrated throughout a tissue, the morbid anatomy presents a diversity of lesions, but there is but one and the same pathological process.

Etiology.

The tubercle bacilli which was discovered by Koch in 1882 is the cause of the disease. The chief source of the bacilli is from the sputum of tuberculosis patients. Each patient can expectorate several billion bacilli during the day, and the sputum becomes dry and the bacilli it contains are wafted in every direction to be inhaled by every one.

Mode of Infection.

The vast majority of cases are infected by inhaling the tubercle bacilli, but it is possible to become infected drinking the milk or eating the flesh of tuberculous animals or by inoculation.

Predisposition.

The negro, Indian, and Irish immigrant are more predisposed to the disease than any other class. A child born of and raised by tuberculous parents is more liable to contract the disease than one born of healthy parents. A person living in an infected house or living with those suffering from the disease are more liable to the disease than those in different surroundings.

Those who have suffered from a prolonged attack of any disease such as pneumonia, measles, whooping cough, or typhoid fever, or those who live in overcrowded houses, or work in poorly ventilated, overcrowded factories or buildings, or those who are not properly fed or clothed, are predisposed to the disease.

Tuberculosis is most common between twenty and thirty years of age. Females more liable than males, and the disease prevails more in hot, wet places than in cool dry ones, and more in city than in country.

Tuberculosis may be either acute or chronic, and we have three stages of the disease—incipient, moderately advanced, and far advanced. We have three varieties which affect the lung.

First—Fibroid phthisis.

Second—Acute phthisis or galloping consumption.

Third—Chronic ulcerative phthisis.

In fibroid phthisis there is a condition in which there is a preponderance of fibrous element. In many cases it is tubercular from the beginning.

Owing to contractions of the lung tissue, the chest caves in. The disease may last for years, and the patient enjoy fairly good health.

In acute or galloping consumption, there is generally a clinical picture of an ordinary lobar pneumonia, such as a sudden chill, with fever, pain in the side, cough, and rusty sputum. The crisis fails to appear at the expected time, and with the breaking down of the broncho-pneumonia, there is a profuse muco-purulent expectoration which has the bacilli.

The clinical picture now becomes one of pus absorption with rigors, high fever, loss of appetite, cough, night sweats, rapid feeble pulse and rapid emaciation, and the patient soon dies of exhaustion.

Chronic Ulcerative Phthisis.

It generally begins as a bronchitis. The patient says he took a cold which settled on his lungs. There is a dry cough at first but finally expectoration, with fever, emaciation, loss of appetite, strength and weight. Frequently there is hemorrhage, and sometimes other symptoms rapidly follow and the patient soon dies. Others have hemorrhages at intervals for years with little or no progress of the disease. The sputum varies in quantity and quality and depends on the amount of destruction that is going on, and whether or not there is a mixed infection. The fever varies with the stage of the disease and rapidity of the process.

In the incipient stage the rise is very little, probably not over a half degree in the afternoon. There may be dyspepsia, constipation, coated tongue, and bad taste.

The pulse will be very little faster than normal and the appetite variable. As the disease advances, all symptoms become worse, rigors, night sweats and hemorrhages come on, and the patient slowly but surely grows worse until death closes the scene.

Diagnosis.

This is sometimes very hard to make in the early stage of the disease but by getting a history of the case and using palpation, mensuration, inspection, percussion, and auscultation, we can generally make a safe diagnosis, but if we still doubt, we have the X-ray and sputum examination to help out.

Prognosis.

I believe it more favorable than any other chronic disease if we see it early, and can convince the patient of early and persistent treatment.

Mortality.

Tuberculosis is the greatest enemy of man in the world. It is claimed that one in every seven die of the disease (Dr. N. S. Davis, Chicago.) It respects neither high nor low, rich or poor, race, sex, or age. Tuberculosis kills more than yellow fever, smallpox, cholera and typhoid fever combined. Constant familiarity to it has made the world tolerant.

In Germany there is the following mortality record for 1900:

Diphtheria	63,701
Whooping Cough.....	21,521
Scarlet Fever.....	8,937
Measles	16,173
Typhoid Fever.....	6,373
Total	116,705
Tuberculosis	123,904

Tuberculosis killed in Germany during 1900, 7,119 more people than diphtheria, measles, whooping cough, scarlet and typhoid fevers combined.

The deaths in the United States from tuberculosis are estimated from 110,000 to 150,000 annually. The loss to the country in money would be hard to estimate to say nothing of physical and mental suffering of the patients and their families.

Treatment.

Make an early diagnosis, tell the patient and family plainly what you think, and insist on prompt and persistent treatment.

Prophylaxis.

1. The sputum of every patient should be kept in paper boxes and burned, and when away from the house a paper bag and paper handkerchief carried to expectorate on, and carry it in and burn all on return to the house.

2. There should be as little furniture in the room as possible, and after death, the room and contents should be thoroughly cleaned.

3. There should be a law to require every physician to report every case of tuberculosis he has.

4. All slaughter houses and dairies should be inspected by a veterinary surgeon drawing a good salary, and who gets his position by competitive examination, and who shall have power to have killed any tuberculosis animal or confiscate any tuberculosis meat or milk.

Medicinal.

Each case must be studied closely as no two can be treated alike. Creosote and guaiacol, codliver oil, hypophosphites, strychnia, arsenic, and mercury are among the drugs that give the most satisfaction.

Codeine in 1-8 to 1-4 grain acts well on the cough. Atropia in 1-60 to 1-40 grain is best for night sweats.

Feeding.

The food should be nutritious and abundant. It should consist of milk and butter, fresh meat, eggs, rice, oat meal and generally anything the patient will eat that agrees with him. Recently the juice of raw vegetables has received quite a reputation in the treatment of tuberculosis.

Climate.

The best climatic conditions for consumption are those that combine pureness, equability, abundant sunshine and dryness. Among those I consider best, we have in Arizona:

Phoenix	1100 feet.
Yuma	1400 feet.
Tucson	2400 feet.
Prescott	5300 feet.
Flagstaff	7000 feet.

In Colorado, we have—

Boulder	5300 feet.
Denver	5300 feet.
Colorado Springs.....	6000 feet.
Manitou	6300 feet.
Pueblo	4700 feet.

In California, we have—

Los Angeles.....	330 feet.
Pasadena	900 feet.
Redlands	1350 feet.

In North Carolina, we have—

Asheville	2250 feet.
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In New Mexico, we have—

Las Vegas.....	6700 feet.
Santa Fe.....	7000 feet.
Albuquerque	5000 feet.
Silver City.....	5800 feet.

In Texas, we have—

El Paso.....	3700 feet.
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In Utah, we have—

Salt Lake City.....	4300 feet.
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I have only named a few of the most important resorts for lung troubles, all of which are good, if we can only select the proper cases for each place. Recently the Arctic region has come forward as being the ideal place for consumptives to spend the summer. It is claimed that tuberculosis improves when sent there and that lung troubles are unknown because the atmosphere is pure, it being impossible for germs to live there, and there is no dust.

Conclusion.

If there is a prospect of war, Congress is ready to give millions and the best men of the country are ready to go. If a case of yellow fever appears, the South is up in arms and ready day and night to fight it with everything needed. If smallpox breaks out, city, county, or state puts up everything needed to stamp it out, but right around us all the time is tuberculosis—a far more dangerous, deadly, and costly enemy than any others. It kills its thousands every year, and little or no attention is paid to it. The treatment of the disease in private practice is very unsatisfactory, and the only way I see to fight the disease with success is for physicians to educate the public, teach them the dangers of the disease, get our cities, states and government to build hospitals and sanitariums for its treatment, and when a patient is not able to pay, give him free treatment.

I believe if cases are taken early and treated properly, most of them will recover, and I believe the money spent by cities, states and the government for the treatment and cure of tuberculosis will be well spent. If we as physicians tell the public the danger and tell what ought to be done, and ask for it, and work for it, we will get it, and as hospitals and sanitariums are built, cities, states and the government take charge and make a systematic fight, the disease will grow less and less fatal, until tuberculosis will be an uncommon disease, and we will have won a greater battle than any ever won by the sword.

DISCUSSION.

Dr. Pettus: Dr. Kirby seems to think that nobody but the old bugs can get up and say anything. I thought I would fool him once. I think this is one of the most important papers to come before the Society, treating of a disease that is entitled to more consideration than any one disease that we have to treat. I certainly think the doctor deserves a compliment for the paper he has presented to this Society, a paper that is calculated to do some good. It is a fact that if the doctors will take the trouble

to warn the public more on this particular disease, the chances are that we can do more with it. We all know, especially those who practice through the country, that in the average case of tuberculosis that we have to treat, no attention is paid to the sputum and discharges. If we were able in some way to get it before the public that as soon as they suspected there was such a disease in their family as tuberculosis, that they should begin to destroy the discharges, it would be of some help in stamping out this disease.

Dr. Breathwit: There is one point that I would like to mention that Dr. Penn did not mention in his paper, and that is in regard to action by the state government. That the state government, and the United States government as to that, should furnish large sums of money to help the medical profession to control the great white plague, nobody will question. But, with the few microscopes that there are in the country, and with the few active practitioners who are doing microscopical work, it appears to me that the best thing the State of Arkansas could do, next to appropriating money enough to enable our State Board to make same efforts to control the bacillus and its spread over the State, would be to establish a board for microscopical work to verify the diagnosis made by the practitioners throughout the state. We frequently have what we call suspects of tuberculosis. We have cases we suspect of being tuberculosis, but we cannot verify our diagnosis on account of our inability to have the work done. If the State of Arkansas, and every other state, as far as that is concerned, would appropriate money enough to establish a board to do that work gratis, to my mind it would do the greatest good in the world, and would help us verify our diagnosis at the earliest possible time, so that our patients could get the benefit of climatic treatment.

Dr. Penn: I do not believe that I have anything further to say. I suppose every man here who has had any practice has had tuberculosis patients, and has visited them and seen the tubercular matter spit on the floor and scattered around promiscuously over the town or house, where it dries up. We have all seen it where we have treated those cases. We find it everywhere. Such things as that, we all know, spreads the disease. I was a little surprised the other day in talking to a man. He had a good many brothers and sisters. He is a professional man, pretty well thought of, but he did not believe in the contagion at all. He said he believed that it was inherited. He said sometimes it would skip a generation or two. I was surprised in the man saying anything like that.

—X—

MEDICAL LEGISLATION.

Necessity of Co-operation.

(By Dr. O. L. Williamson, Marianna.)

The next General Assembly of Arkansas convenes January, 1907. What is the medical profession going to do about it? Are we going to have any new laws touching upon matters of

public health or sanitation, or is our State going on in the same old way?

It all depends. If each doctor is to continue working out his own salvation, regardless of the needs of the public or of his profession, it is safe to say that medical legislation will not be mentioned, or, if it should be, will meet with instant defeat. For few legislators are interested enough in this topic to introduce it, and but few more are broadminded enough to see the necessity of such laws. On the other hand, if we begin at this meeting a thoroughly systematic co-operative plan and continue our efforts until the Legislature convenes we can secure the passage of any reasonable law. By a reasonable bill I mean one that does not embody too many wants or ask for laws too drastic. Of course there are many needs and many various individual opinions as to the most urgent of these. This multiplicity of wants and diversity of opinion, together with personal indifference on the part of many physicians forms the three great stumbling blocks to medical legislation. The object of this paper is to call attention to these difficulties within our own ranks and offer briefly as possible a practical remedy for them. External opposition due to ignorance and prejudice can only be successfully combatted by complete co-operation among ourselves. To have this we must have efficient organization and yield personal opinion when necessary "to the good of the cause."

The first step necessary in this movement is the election of an active, progressive, able president at this meeting. Not one whose only claim is geniality, or long-continued membership in the Society, or even professional standing, for while all these are excellent qualities and should be recognized and rewarded, they often exist in individuals totally unfitted for legislative combat. During the years that the General Assembly meets we need presidents of executive ability, who will gather around them Legislative Committees composed of energetic men who are willing and able to spend a part of their time conducting campaigns in the committee rooms of the Legislature. These committeemen should be chosen because of their especial fitness for this class of work, and in my opinion at least two of them should reside in Little Rock, where they would be accessible in case of emergency.

I sincerely hope that the members of the House of Delegates will bear these facts in mind while electing our next President, and that he, in turn, will use the utmost discretion in selecting his committeemen. These two important steps having been taken, the remainder of the fight rests with the individual physician and his County Society.

Co-Operation Between the County Societies and the State Committee.

If one has a bill that he desires to be introduced, he should first present it to his County Society. The County Society, if it approves, should submit it to the State Committee on Public Policy and Legislation, where it should be carefully reviewed, and compared with the same or similar ideas, should there be such, from other County Societies. This committee should use its best judg-

ment and never accept or refuse suggestions without the best reasons for doing so. If the committee deems the matter of sufficient importance, practical, reasonably sure of success, it should frame the bill from the data at hand and notify the County Societies that such will be introduced at the next General Assembly and instruct them to request their respective senators and representatives to support it. The County Societies having complied with this request, should notify the Central Committee as to what stand their legislators will take in the matter. This would give the committee an idea of the approximate strength of the measure before its introduction. I wish also to call your attention to the potency of the County Society. We are organized in sixty-four counties, and these counties elect twenty-seven of the thirty-five senators and eighty-six of the hundred representatives that go to make up the next General Assembly. Of these twenty-seven senators and eighty-six representatives not many will disregard a reasonable request coming from twelve or fifteen of the most influential citizens of their respective counties. To my personal knowledge this has been tried in fifteen counties within the past eight weeks and not one legislator withheld his promise. I therefore urge upon the County Societies the necessity of arousing themselves and utilizing their power for the accomplishing of good legislation.

Such a plan, if carried out, would insure success, would relieve the Central Committee of much time wasting labor, would checkmate the lobbyist and avoid embarrassing confusion, which has hitherto arisen from the introduction of a number of bills upon the same or similar subjects.

Let us concentrate our efforts upon one or two of the most needed laws, co-operate through the State Committee and accomplish some real good at the next General Assembly.

DISCUSSION.

Dr. Dunavant: I heartily agree with the writer of this paper. We, in my County Society, have taken that subject up right along that line, and I want to tell this Society that we have pledged our representatives and the senator, who lives in my town, and who represents that district, that they will support any bill that this Society brings before the Legislature for enactment, and I believe that nearly all the counties in this State could have their representatives make the same pledge if they would go at them in a body and ask them to support any bill that would be recommended by this Society. Gentlemen, I have had a little experience right along that line. I am almost ashamed to say that I have been in the Arkansas legislature (laughter), but I worked as hard as any man ever did to try to get a medical bill through, a bill which I think was much better than the bill we now have, and I had enough votes pledged to support it and carry it through. There was an old doctor in there who was not a graduate, but a kind of home-made doctor, who had been in the habit of coming to the Legislature every session for a number of years. In relating a certain fact in my closing argument, I spoke of the then existing law where a man could, if he was refused permission to

register in my county, go to another county, probably where there is no M. D. on the Board, register and come back. That thing happened in my own county, where we refused to register a certain man, and he went over into another county and registered and came back there and settled down to practice and is there yet. This old quack doctor got up and slipped around over the house while I was speaking and whispered into the ears of the representatives from the hill counties: "Did you hear that?" he said, "that there was not a doctor in any of the hill counties," I never said anything of the kind, but he made them believe it, and it had its effect. When the roll was called my bill was defeated.

You can go in there with a bill to protect your live stock, and they will vote for it, but when it comes to protecting human life, they pay no attention to it. So, I think that paper is right along the line. If we go to work and make these men pledge themselves before we send them to the Legislature it will be impossible for these lobbyists to control any of them. They may get a few to go back upon us, but I believe we can get good results if we will go at it in that way.

Dr. Thibault: I would suggest this one thing, that when the County Societies meet and decide they want a certain law passed, and are going to instruct the representatives from their counties, I find by experience that besides having the names of the members of the Medical Society upon any petition or any letters that they send out, that it is a very easy matter to interest the intelligent citizens of the county who are not in the Medical Society. With the average legislator, I am sorry to say, nearly any kind of citizen has more effect than the doctor. It is a good thing to keep this in mind. When we want to secure any legislation, we can use some other people outside of the profession, and I am glad to say that it is generally the most intelligent men in the community who are willing to co-operate with the Medical Society along this line.

Dr. Orto: I have had a little experience in this line, and as this seems to be an experience meeting, it is well that I say something. Many years ago when I had the honor to be Chairman of the Committee on Medical Legislation. Among other numerous things that were recommended was something in this line, and a recommendation that I brought in at that time was that a suitable bill be drafted by competent members of this Society, reasonable in all of its requirements, and that a sufficient number of copies be printed and put in the hands of every regular physician in the State, and let them go to the candidates to the Legislature and present that bill and ask him to read it carefully, and if he didn't understand it, offer their services in explaining it, and get his opinion, and ask him if he could support it. Let him know right then and there that unless he could support that bill, the medical fraternity was against him, and then I also recommended that they go into politics on the question. I know by past experience that the country doctor has a very powerful influence in politics. I prac-

ticed twelve years in the country myself, and there are a great many things that you can find out as a country practitioner, and a great many things that you can do, and the average candidate is very much afraid of his doctor, especially if he is going to give him any pills. I am glad to see there is a change of sentiment now, but when this recommendation was made, they jumped all over us, claiming that it would never do in the world to mix up politics with medicine, that it was as sacred as religion. But the gentlemen that had so much to say about it then are now loudest in their advocacy of this measure. That is the only way we will ever succeed in getting medical legislation; that is, see them beforehand, and then pursue them until they do vote for it.

Dr. Williams, of Hot Springs: I think if we want any legislation passed in the next Legislature, we had probably better see Jeff first. (Laughter.)

Dr. Trotter: Dr. Williamson is to be congratulated on taking the initiative at this time. He spoke of pledging the representatives from the different counties. I am in the sister county of Phillips, and we took this matter up about the same time. We pledged every candidate in the field for the House of Representatives. We had a holdover senator, who was pledged at the same time. Every one readily pledged himself to support any measure that was reasonable in this line. As Dr. Williamson said, there are about fifteen counties that have secured similar pledges. But, if the Society as a whole will go to work in the right way, there is no doubt but that we can accomplish anything we want. The only thing we need is to stand together. If we stand apart, we cannot accomplish anything, but if we stand together, notwithstanding Jeff, I believe we can carry this thing through. I think this is a move in the right direction.

Dr. Keller: Twenty-eight years ago I was Chairman of a committee that framed a medical law and presented it to our Arkansas Legislature, based exactly upon the lines mentioned here tonight. I thought, of course, that we could pass it. But there were eight or ten so-called doctors in the Legislature at that time, two of whom were graduates, and they defeated it. They were the men who defeated it. It is hard to tell beforehand who is going to be the representatives because there is a heap of figuring done now in counting the ballots in this and other counties. You cannot tell who is going to be the man, and you may strike the wrong man. It occurs to me that you are exactly on the right line, but how in the world are we going to influence such men as go to the Arkansas Legislature in anything in behalf of medicine, I cannot see, for the average man in the Arkansas Legislature is thinking of anything on earth than the health of humankind. It looks to me, after thirty years of fighting and doing my best for it, that we are in a hopeless condition until the administration changes. (Applause.)

Dr. Williamson: There are one or two more remarks that I desire to make. One of them is that I have written a number of letters in the last six or eight months, in fact, sent two to every County Society in the State, and to give you some idea of the indifference, I only

received fifteen answers, showing that there is still a great deal of indifference. But these fifteen replies are very encouraging, and show that the Societies are beginning to wake up and take notice of the ability that they have in regard to legislation and questions relating to the public health. Another thing: that the old committees and the chairmen of these committees on public health legislation have given their time and experience to it is all too true. The committee that got our medical law through four years ago, I believe, had to spend about two months in Little Rock, and gave up their practice to try to put through a bill for the benefit of the people of the State of Arkansas. They had to work hard though, gentlemen, because the County Societies were not backing them up. Some counties did ask their representatives in a kind of conciliatory way to support the measure. A few counties went a step further than that, but there was no co-operative plan. The Executive Committee did not send to each county and instruct them to request their representatives and senators to vote for any measure; they just simply casually asked them. This plan of speaking to our representatives we started in our county before our election. We wrote to each candidate to the General Assembly before the election telling him that the members of the Lee County Medical Society would not vote for any man for the General Assembly who would not pledge himself to vote for the measure that we advocated. We did not pledge ourselves to any particular bill, and every candidate, rather than lose the support of fifteen or twenty influential men in the county wrote us that he would uphold any measure we advocated, and we have it down in black and white, and if they go to Little Rock and do not stick up to their promise, when they come back and ask for re-election, we will defeat them. There are fifteen or twenty members of our County Society scattered all through the county, and we have weight enough to throw against any man to defeat him. This is not carrying medicine into politics at all, it is simply standing up for our rights to utilize the power given us. All we ask is for the public good. We want to do everything we can do to force this measure upon the people who haven't sense enough to take it up themselves. As Dr. Keller says, I don't see how we can get the Legislature to see anything that is beneficial to the State; a great majority of them are not broad-minded enough to know anything about anything. But when you talk about votes, and give him to understand that fifteen or twenty men will work against him in the next election unless he upholds our measure, I do not believe he will go back on his word without some good excuse to vote against it.

Another thing regarding this measure just at this time is, of course, there have been a great many failures made in medical legislation, and we have lost out so often that we hate to go into the fight. But, we didn't have anything like the medical organization that we have today in Arkansas. The Societies are better organized throughout the counties; we have more county organizations, and we have a bet-

ter State organization. I think we are about five or six times as strong as we were six or eight years ago, and the plan as put out by the American Medical Association is bringing in all the counties, and I believe when the Legislature meets we will have about seventy County Societies, and if the doctors in the seventy counties will pledge their representatives before they leave home, we can get enough votes to pass any reasonable bill.

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MODERN VIEWS OF NEURASTHENIA AND ITS TREATMENT.*

(By John Punton, M. D., Member American Neurological Association, Kansas City, Mo.)
Gentlemen:—

The rapid progressive development of medical science is the marvel of this age. In the many hundred years of its existence no such triumphs are recorded or more brilliant results achieved than those which mark the present period. At every step in its forward march the chief aim of scientific medical investigation has been to associate symptoms with lesions and this has been done to a remarkable degree of late, especially along the line of anatomy and physiology, through the instrumentality of the microscope. Moreover, improved bacteriological, pharmacological and chemical laboratory methods have also been the means of aiding a more perfect and rational system of investigation of pathological processes which in their fuller and more matured state furnish us more definite and correct knowledge concerning their intricate nature and character.

The principal practical clinical results, however, of all such advance afford us the means of rendering finer discriminations in classification and diagnosis of diseased conditions, and consequent enlargement of medical nomenclature together with more certain therapeutic means and measures to not only prevent, but also cure diseases; all of which materially increase the great mass of specific knowledge relevant to each department of medicine, beside elevate its standard toward a more perfect and exact science. Perhaps in no branch are the practical clinical effects of such changes more visible and potent than those found associated with the science of Neurology and Psychiatry.

The vast increase of our definite specific knowledge of the structure and functions of the nervous system and the application of this to its various morbid conditions has been found most useful in the correction of former erroneous inference concerning their underlying pathogenesis. Hence a complete revolution has already taken place in our former knowledge of nervous pathology, which has been the means of materially limiting the former wide scope and significance of the so-called functional nervous affections, at the same time greatly enlarging the pathogenic range of organic nervous diseases. The uncertainty, however, which beset our previous knowledge of the structure and functions of the nervous system and its diseases, led to

the formation and maintenance of a false system of nomenclature, which has proven not only very confusing, but also a sore hindrance to the progress of scientific medical nosography.

Hence many technical medical terms have come into general use which at the time of their christening were very convenient screens to shield medical ignorance, but as our knowledge increases in correctness and becomes more definitely differential their technical significance and application become greatly reduced and limited until today a larger, fuller and more complete knowledge render many of them grossly misleading and utterly futile. While it may be true that many of these terms were intended to embody a generalized morbid state or condition that was subject by later investigation to scientific classification, yet if the medical practitioner fails to keep himself advised of the wonderful changes wrought by each successive advance he will greatly handicap himself in not only his use of the technical term, but also his interpretation of the same; thus betraying his educational weakness, while his diagnostic skill proportionately suffers. At the present time one of the most striking and widespread examples of mistaken identity in the scientific use and interpretation of a general medical term is found associated with the morbid nervous conditions known as neurasthenia.

I doubt if there is a more common and serious affection of the nervous system, that is more generally misunderstood by the profession at large than this fatigue neurosis. It is surprising to find the gross indifference manifested on the part of many physicians toward its nature and character. Not only do they treat neurasthenia carelessly, but they often refer to it slightly, and imply both by word and conduct that they believe the patient to be a malingerer and that his sufferings are entirely false and even conjured for the occasion. It will, therefore, be the purpose of this communication to correct this error and thus place neurasthenia upon its true scientific basis.

Historical Data.

The term neurasthenia was supposed to have been first used by Dr. Beard, of New York, in describing a general morbid weakness or exhausted state of the nervous system. The existence of the affection, however, was hinted at as early as the sixteenth century by European medical authors, but whose views and opinions were rendered wholly impractical by virtue of their obscure theoretical speculations and nothing of a tangible character was forthcoming relative to neurasthenia until the appearance of Beard's famous monograph, in 1869.

Later investigations, however, revealed the fact that his claim to priority in the use of the term was an erroneous one. To Dr. Van Dusen, of Kalamazoo, Michigan, belongs the honor of having used it as early as 1867, in his valuable paper entitled "Observations Upon a Form of Nervous Exhaustion or Neurasthenia, Culminating in Insanity." It has since been shown that neither of these physi-

*Read by title.

clans invented the term, as it can be found in Dunglison's Medical Dictionary, published in 1833. Notwithstanding these facts, the medical profession is under lasting obligations to Dr. Beard for the persistent manner in which he emphasized the importance of its study, thereby acquiring for himself an enduring monument in medical science.

Prior to his labor in this direction much confusion prevailed in the interpretation of a large group of symptoms which were fundamentally dependent upon a morbid weakness of the ganglionic nerve centers, but which had been previously ascribed to diseases of the various visceral organs involved, such as perverted conditions of the kidneys, liver, stomach, uterus and other organs involved in the pathologic process. The result of Beard's work, however, led to a more thorough systematic study of its pathogenesis and the conclusion so far reached warrants the assertion that the term expresses an affection which does not limit itself to any part of the nervous apparatus, but affects it as a whole.

Hence it is an extremely generalized condition, and often found associated with other functional and organic diseases. Its extremely generalized character may, therefore, affect the brain, spinal cord, peripheral nerves, the visceral organs, and, indeed, all parts of the human organism subject to nervous enervation. Consequently its symptomatology is exceedingly extensive and varied. This wide range of involvement has also led to much confusion beside being the responsible agent for the vague ill-defined notions entertained by many concerning it, even going so far as to deny its existence altogether as a clinical entity.

Definition.

Laying aside, however, all controversy, the consensus of opinion today by those most competent to speak, declare that neurasthenia in its quintessence is a true fatigue neurosis, characterized with an increased morbid reaction of the ganglionic nerve centers to all kinds of impressions, both mental and physical, whether slight or profound, producing an excessive nervous weakness and nervous irritability, which constitutes its chief cardinal symptom.

Classifications.

Moreover, neurasthenia is variously classified by different authors, according to its etiology, symptomatology or the apparent seat of lesion. Hence, we may have cerebral, spinal, traumatic, sexual, toxic, reflex and many other forms of the disease. While no doubt this method has some advantages, yet it often proves very confusing and misleading. A classification that recognizes neurasthenia in its entirety is, to my mind, therefore, much preferable, and from this standpoint it can be reduced to two classes, viz: complicated and uncomplicated neurasthenia. In the former class it may be found associated with many functional as well as organic diseases, such as epilepsy, syphilis, malaria, gout, rheumatism, uterine disease, sexual perversions, hypochondria, dementia precox, melancholia, paranoia and other forms of insanity.

In the latter class, however, it presents itself by a conspicuous absence of any such complications in which case it is known as simple or uncomplicated neurasthenia. The effects of either class, however, produce symptoms, as we shall presently see, which may be referred to both the physical as well as the mental constitution of the individual, and present a wide range of clinical phenomena which, for the most part, is subjective in character. While the causes of neurasthenia are both predisposing and exciting, recent investigation demonstrate that for its production two conditions are indispensable, viz: first, a relative vulnerability of the organism, and second, a noxious agent of some kind. These two etiologic factors vary enormously in their influence in different persons; sometimes the one predominates, sometimes the other, but usually they are more or less combined.

It is also clear that the element of auto-toxemia enters largely into its etiology, giving rise to tissue changes that are commonly found associated with its known pathology.

The continued result, however, of nerve straining from any cause that forms so prominent a factor in American business, social, political, and professional life, operates upon the physical and mental organization in such a manner as to exhaust strength, or vital force, more rapidly than recuperation takes place. Consequently, nervous exhaustion, or neurasthenia, ultimately ensues. More especially is this found to be true of persons inheriting a neurotic diathesis; as this renders them more susceptible to the baleful influence of the common causes of neurasthenia. Indeed, heredity plays a very conspicuous part in its pathogenesis as a very large proportion of those who suffer from neurasthenia are found endowed with a hypersensitive nervous organization which can be directly traced to transmitted neuro-pathic taints.

Excess and abuse of all kinds, with faulty methods of living, operating upon such an individual are recognized by all authorities to be the potent factors in its production. The presence of known heredity defects, however, is not always essential to the diagnosis as the causes of neurasthenia are also acquired.

Symptoms.

That the cardinal symptoms of neurasthenia present well marked evidence of weakness and irritability of the ganglionic nerve centers, which, in themselves, are expressive of fatigue, is now a well-established scientific fact. Weakness and irritability of the nervous mechanism that preside over the various bodily organs are, therefore, the chief clinical phenomena belonging to any and all varieties of neurasthenia.

These may present themselves in all degrees of intensity, and are usually accompanied with other symptoms which denote the particular function of the nervous system that are involved. Hence, we may have involvement of the motor, sensory, reflex, trophic, secretory, visceral and physical mechanisms which furnish a wide and varied range of clinical phenomena. But it matters little what part of

the apparatus is included in the pathologic process.

The two dominating factors that are present and common to all varieties, and that which define neurasthenia as a separate and distinct clinical entity, are weakness and irritability of the various nervous functions involved.

Pathology.

While it is true that much speculation has been indulged in relation to its pathology, we are still compelled to admit that so far we are unable to positively declare what the actual changes of the nervous elements are in neurasthenia. The two important symptoms, viz: morbid irritability and morbid weakness of the nerve centers have been shown by Hodge to be due to changes in the nerve cell itself, and that the lesion of fatigue is loss of cellular substance involving the nucleus protoplasm and even the capsule itself.

Docum states that this waste of nerve substance has been demonstrated by Mosso to alter the constitution of the blood, producing a true toxemia that strongly inhibits the physiologic action of the nervous elements distributed to the voluntary muscles and other organs of the body. Abrams, in his recent publication, claims that defective energy from any cause leads to abdominal venous congestion, tantamount to asphyxiation of the abdominal viscera, diminishing their vital tone and resistance, and causing toxic products, having a specially poisonous influence upon the sympathetic nervous system, which leads to the occurrence of not only nervous exhaustion, but also attacks of the "blues," which often amounts to true melancholia.

The reduced nervous energy resulting from such conditions seriously affect the visceral organs and nutritive functions of the body. These are clinically expressed by a marked weakness or inaction as well as want of vigor of the various somatic processes. A feeling of bodily illness is thus engendered which attracts the attention of the patient to himself, giving rise to morbid introspection and later forms the basis of morbid fears or nosophobia. This pathaphobic tendency also leads to the development of despondency, petulance, selfishness, irritability, moodiness, indecision, doubt, and vacillating conduct, all of which are marked features in the incipient or formative stage of insanity.

Complications.

The close relation which exists between neurasthenia and insanity, therefore, cannot be over-estimated; indeed, the kinship one bears to the other is so closely allied as to almost establish a true equivalency. This clinical fact, although first recognized by VanDusen, was again emphasized by myself in 1898, before the American Medical Association, but its true value and practical significance has failed to be sufficiently impressed until the recent able article by Dana entitled, "The Passing of Neurasthenia." In this Dana not only urges upon the medical profession the extreme relational importance of neurasthenia and insanity, but also differentiates the

chief clinical characteristics of these minor psychoses.

To use his own language, he contends "That a large number of the so-called neurasthenias and all of the hysterias should be classified as prodroma stages, abortive types, or shadowy imitations of the great psychoses:" for in these cases it is the morbid mind that dominates the situation, not a weak eye, muscle or a poor stomach; a heavy womb, uric acid, arterial sclerosis, or even an exhausted motor nerve cell. They are not often, to be sure pure psychoses, for the body is also at fault, but the psyche is in main control and it gives stamp to the clinical syndrome, directs the prognosis and most acutely solicitates the treatment.

The practical clinical value and significance of the attitude thus assumed by Dana can readily be understood by those who come in daily contact with persons said to be suffering from hysteria and neurasthenia, and his claims are amply sustained and justified by my own college and hospital clinical experience as well as by the case records of those admitted to my private sanitarium.

In our admissions to the sanitarium it is the rarest exception to find a pure unadulterated or uncomplicated case of either neurasthenia or hysteria. The vast majority said to be suffering from nervous affections when admitted are found, upon further examination, to be afflicted with a true psychoneurosis, which we designate as psychasthenia, or more properly psycho-somasthenia. While the so-called neurasthenias are not true insanities, nevertheless such persons are not endowed with perfectly normal minds, and their maladies or sufferings are largely due to the mismanagement of their mental faculties rather than their bodies. It is this disturbance of mental equilibrium that constitutes the dominating features of the various psychoneuroses, which so often pass for neurasthenia. As an aid to diagnosis, it may prove useful to know that neurasthenia, strictly speaking, rarely occurs under twenty years of age.

As Dana says, what we usually see, then, is pseudo-neurasthenia, which includes the early stage of dementia precox, manic depression, insanity or some early development of phrenasthenia, which term he prefers to use for hysteria. One of the earliest and most important signs, however, of neurasthenia becoming complicated with mental disorders is the persistent manner in which the feelings, thoughts and actions of the individual absorb his entire attention. Indeed, this morbid self-consciousness or introspection, is usually the marked feature of many of the so-called neurasthenias, and really betrays the more serious pathogenic invasion of the higher mental faculties, thereby establishing a true psychosis instead of a neurosis. Moreover, this morbid watching of self or egoism is usually clinically expressed in a general feeling of anxiety, distrust or suspicion, which later leads to morbid doubts and fears, and sometimes to impulsive acts which constitutes the various obsessions, impulsions,

imperative concepts and fixed ideas or true insane delusions, which sometimes lead to suicide.

These complications present themselves in all degrees of intensity and irresistibly force themselves upon the patient, thus dominating his every word, thought and deed. Kirchoff has clearly shown that certain insanities, such as melancholia, mania, paranoia and paralytic dementia may develop upon a neurasthenic basis, while Chapin, in his work on insanity, also declared that the larger proportion of hospital admissions received in an acute stage of insanity in the Pennsylvania Insane Hospital have a history of neurasthenia. He therefore fitly styles it "The soil out of which insanity develops." Unfortunately too often the close relation between neurasthenia and insanity is entirely overlooked and even ignored; consequently many a curable case becomes incurable by failure on the part of the physician to recognize its true nature and character.

Moreover, its kinship to hysterical states often leads the physician to treat it with contempt, under the mistaken idea that the barometric mental changes from day to day indicate a fraudulent basis. Nothing could be further from the truth, as there is plenty of evidence in every genuine case of neurasthenia to explain its fluctuating tendencies, even in its most simple and uncomplicated form. It would, however, be sad, indeed, if with all the boasted advance which medical science has made within the past decade, nothing more than a name or diagnosis coupled with a bad prognosis could be offered these unfortunate sufferers. Fortunately it is just at this point when the result of modern medical research comes to our as well as their rescue by declaring in no uncertain manner the means and methods by which they may escape their pathological thralldom.

Hence the crowning glory of modern medical science consists in demonstrating that it is sufficiently able to offer to all such sufferers partial if not complete redemption from their affliction, providing they are willing to strictly obey its therapeutical precepts.

If at a conservative estimate thirty per cent. of actual insanity is curable, we can declare, without any hesitation, that at least seventy-five per cent. of these minor psychoses are also curable, providing we recognize early the special organ which is most in need of appropriate therapeutical attack. Unfortunately it is the failure to discover early that in nearly all such cases we are dealing from the start with a psychosis, rather than a neurosis, that proves so disastrous to the patient, and while we procrastinate, the disease itself becomes not only more confirmed but actually incurable in spite of all our temporary expedients.

Treatment.

In the foregoing text we have thus endeavored to show that neurasthenia, in a strictly technical sense, is a comparatively rare affection, but that the conditions so diagnosticated are often morbid mental states with physical expression, thus constituting true psycho-

neurosis, which in themselves are often the forerunner of actual insanity. In its treatment, therefore, we are compelled to recognize the morbid mentality of the patient as the primary essential element that underlies the abnormal clinical phenomena.

Hence, to be of value, our therapeutics must of necessity take cognizance of any and all measures that not only appeal to, but tend to, strengthen the various sub-forces of the mind as well as the correction of faulty functionalization of both mind and body, which may result from abnormal conditions of inheritance, imperfect growth, defective nutrition, incorrect habits, injudicious education, accidents and injuries, acute diseases, faulty elimination, sexual excesses, mental and physical strains and shocks of all kinds. In spite, however, of the numerous physical infirmities associated with these various psychoneuroses, I repeat the dominating pathological factor, and that to which all others are subservient, is the morbid mentalization of the patient.

For the relief of these psychical defects nothing short of educational or pedagogical measures are found to be effective. These have for their special purpose the dissolution of the pathogenic ideas pertaining to self and surroundings, and the substitution in their stead of healthy mental processes of thought, speech and conduct. In order for this the full confidence of the patient must therefore be secured, a task not always easy, and the peculiar mental straits and characteristics carefully studied. These will indicate to the physician not only the nature and character of the new idealization to be established, but also the method of their creation as well as their special cause.

To favor the accomplishment of this purpose rigid isolation from home combined with partial or complete rest is often the most essential to be adopted. The separation from home and relatives, however, often proves to be the most formidable obstacle for the family physician to overcome in his effort to enforce the most approved and scientific modern method of treatment. All authorities, however, agree that the full control of the life and conduct of the patient while undergoing treatment is absolutely essential for success, and the removal from home greatly simplifies this helpful expedient.

Moreover, the home life, as a rule, furnishes a most fruitful soil for the cultivation and development of two important evils, viz: indulgence and irritability, from which the patient must of necessity be wholly protected. The numerous excuses of the patient, however, together with the earnest appeal of his friends often cause the family physician to allow his sympathies to govern his better judgment by yielding to their desires. Hence he is often found compromising with those who believe in travel as the most efficacious remedy for such persons, or else he consents to act with those laymen who have great faith in the curative value of certain springs, both of which agents have been carefully and critically weighed in the unbiased balance of

modern medical science, and often found not only wanting but grievously disappointing and unworthy of confidence.

Not infrequently the family physician is compelled to listen to the wail of those who expose the cause of the various fads and fakes of the day, like osteopathy, magnetic healing, Dowieism, Eddyism, or Christian Science, all of which have for their basis the well-known principles of suggestion or psycho-therapeutics, which every first-class physician should employ as part of his scientific therapeutical armamentarium. The essential qualities of suggestion embrace measures intended to produce new psychical birth or the conversion of the pathogenic idealization into a normal or psychological process of thought, speech and conduct, including improved methods of emotional reaction.

It, therefore, should embody the inspiring influence belonging to hope, progress and co-operation with sufficient force and power as to impress upon the mind of the patient the certainty of ultimate recovery. This educational plan, therefore, is intended to strengthen the inhibitory power, at the same time restore to the will, its normal control of the emotions and intellects, thereby teaching the patient to become more self-dependent, self-confident and self-reliant without which all other methods of treatment are futile.

For the correction of the various bodily ailments associated with so-called neurasthenia, the judicious use of drugs and more especially tonics is often indispensable. As a rule, however, drugs are a weak staff upon which to lean. Indeed, my experience proves that pharmacology in spite of its marvelous modern developments is often sorely disappointing in the treatment of the various psychoses. It is surprising, however, to find how heavily the average psychasthenic and neurasthenic leans upon drugs for relief, and this bad tendency on their part becomes one of the most serious evils for them to surrender. As a general principle the institution of a regular routine normal habit of life is far more important to establish in such persons than the continuous persistent use of drugs, for at best they are but temporary expedients and often prove of but little service. Moreover, routine drugging in due course of time actually leads to the self-doing habit, or patent medicine vice, which is the equivalent of drug addiction. In order, however, to aid digestion, improve assimilation, favor elimination, promote normal innervation of the visceral organs beside favorably appeal to the mind many non-medical agents are employed, chief of which, perhaps, are hygienic surroundings, electricity, massage, hydropathy, mild employment, special diet, and all forms of helpful suggestions.

As insomnia proves a troublesome factor in all forms of neurasthenia, the tendency to lean too heavily on hypnotics for its relief is very great indeed, the inexperienced physician often expects entirely too much from their use. The splendid line of hypnotics, however, which modern pharmacy provides, such as sulfonal, trional, chloretone and veronal (nerck) furnish us a quartet equal to

any ordinary emergency, especially the latter, which, in my experience, is the most reliable of any, while the preparation known as paraldehyde is also very efficient, beside enjoying the distinction of being the safest hypnotic we have. Powerful sedatives, such as hysciamin, conium, cannabis indica, bromides and even chloral, when used for this purpose, do but little good and often are productive of much harm. Their use, therefore, should be greatly restricted.

Many physicians also believe in the efficacy of surgery for neurasthenia. While I am aware that organic conditions are liable to complicate this affection thus requiring surgical aid, yet I contend that surgery is rarely indicated in the treatment of neurasthenia, and even when employed is simply a means to an end and not in itself sufficient to effect a cure. If I have succeeded in calling your attention to a subject that deserves your most careful consideration the time spent in preparing this paper will not have been spent in vain.

—X—

WHEN TO BEGIN TO TREAT SYPHILIS.

(By Dr. James Cabell Minor, Hot Springs.)

Begin now.

For years I have tried to establish in my own mind the specific operation of mercury and the so-called solvents in the treatment of syphilis, and I have concluded long since to believe that mercury kills the active agent of infection, potash and soda salts assist in removing the remaining effete products after the slaughter. Iodin and its action will not be considered in this paper.

Mercury is regarded as a specific antidote for syphilis, potash and soda salts the specific solvents for the dead products. If these statements be true, and I believe them so, the sooner mercury is administered in a specific infection, the sooner will be the destruction of the infecting agent, and the sooner the better.

Destruction Before the Enemy Has Amassed Its Forces.—The completion of amassing these forces is signalized in all cases by some of the secondary symptoms of syphilis, the rash, the mucous lesions, rheumatic or bone pains, enlarged and indurated glands, etc.

Should we wait for the amassing of these forces of the enemy before beginning the attack with mercury, I am inclined to believe that the patient rarely, if ever, is freed from the ravages of the infection and those of the resulting toxins. Syphilis, to be controlled at all, should be attacked at once. No time can be wasted in an attempt to condone the moral offense or gratify the curiosity of the diagnostician by waiting for secondary symptoms. The patient's future is at stake. Mercury used thus is a hazard but may be and can be eliminated, and no harm is done the patient by its use. But should the possible infection develop, treatment or no treatment, untold misery is a certainty.

It is argued by syphilographers and others who treat syphilis by routine methods, that

the specific remedies should not be commenced until secondary symptoms are manifest. The first point in this fallacious dogma is, the patient may go through life with the mortifying idea that he has had syphilis, when maybe he has not had it. The second is that he may discontinue the treatment too soon and thereby incur the horror later on in life of "syphilis ignored."

And still other points are made to argue against the treatment of the first suspicion of infection; the result in such fallacy followed is destruction, now or later, to the physical makeup of the patient by the delay in attacking the disease before its virulence is uncontrollable.

The first point in this opposition is one of morbid sentiment and needs little consideration from the doctor's standpoint, but the second is important. If treatment once established be regarded and pursued positively and to toleration there will be no syphilis to ignore, and no point to ignore except one all in all important point, which has been for years ignored and is being ignored today by the profession generally, and that is persistent elimination by the use of water, the use of which should be carefully mapped out to the patient and made the important factor in the patient's treatment, after mercurialization.

Next to mercury used to toleration, used now, is water, now and forever, abundantly, internally and externally, a harmless remedy. Good or bad water, but get the best, and be sure to tell the patient how to use it. My rule has been one pint of water one hour before meals, as a cleansing agent, water one hour after meals as an element of transportation of food and elimination of effete products.

When called upon to advise a patient who has a sore not clearly herpetic or harmless, but one suspicious and following illicit intercourse, or possible infection, the physician should take at once the position of the patient's medical adviser and not his moral and social comforter. For the medical adviser should look after the physical condition of the patient, not his sentiment or his soul. Advise him to take advantage of the doubt and to begin at once with the mercury and push it to the point of toleration while the infection is undeveloped. (And I advise the dorsal inunctions with the mercury shirt, to be accompanied with good bloodmaking food.)

Advise with him upon the importance of systematic use of water abundantly, as the only means of elimination of the dead products and foreign products resulting from the treatment and the unseen ravages of the disease. I believe if mercury can be used to point of toleration on the appearance of the sore, and before so-called secondary manifestations appear, and if vigorous, systematic and persistent efforts be brought to bear with enunciations, by water internally and externally, the so-called tertiary manifestations of syphilis will be of rare occurrence.

If mercury be used to point of toleration at the time of the initial lesion, there should be

no need of continuing mercury for the rest of the man's life.

If such be necessary, mercury cannot, after all, be the great specific.

I am not dealing in this paper with syphilis after the secondary symptoms have appeared, but am making a plea for abandoning the idea that is far too prevalent, of permitting the primary lesion to go on in its work of general invasion in order that a diagnosis may be clear to the physician, regardless of the disastrous results to the patient after the diagnosis is clear. "It is fine for the boys, but death to the frogs."

It is far better for a man who has indulged in illicit intercourse to prevent a permanent general inoculation at hazard, than to come face to face later on with an incurable certainty.

If mercury is a specific, it will kill the disease quicker and more efficiently before the forces of the infection are amassed than it will after, and take less of it to do it.

Next in importance to mercury, early and decisive, is elimination, getting rid of the ashes of the conflagration. Elimination is the rinsing process to follow the thorough anti-septic work of mercury. It is as highly important to remove the debris, or effete products, as it is important to destroy the original toxic influence.

Elimination of effete products should be worshipped and invoked throughout any and all cases, whether primary, secondary or tertiary syphilis, or any other disease or condition with which the animal organism is afflicted.

The physician's duty to his patient cannot be truthfully said to cease when he has filled his patient with so potent a remedy as mercury. He cannot sensibly say: "Now, the enemy is slaughtered and my domain is free." He must remove the dead and clean up the premises. Elimination should now begin, and water internally and externally is the best eliminant; potash and soda salts assist.

Elimination has made Hot Spings famous. Why? Because patients who do best there are those who keep the enunciations going by drinking the water abundantly, and by the clock.

The baths, used properly, together with a moderate climate, keep the skin active.

The result is constant and effectual elimination of effete products and benefit to the patient.

Let us sum up and ask you to consider:

1. The systematic use of water internally, *pari passu*, with all treatment given for syphilis in any stage.
2. Treating your patient at once for one or two months vigorously, and begin early a course of water internally and externally for perfect elimination of effete products.

DISCUSSION.

Dr. Guthrie: I presume that there are others who would like to discuss this subject, and I will try to be as brief as I can. We never begin to treat syphilis, of course, until

we get a patient. I heartily agree with the idea that we should begin the treatment as soon as we have reasonable grounds for believing that the patient is infected, and not have the patient take any more chances than he has already taken.

In regard to mercury, there is not much difference of opinion now among men who have studied their cases carefully as to mercury being one of the chief remedies in syphilis. The question is as to the time of its use. I think when we know our chemistry a little better, and study our chemistry as much after we get out of school or more than we did in school, iodide of mercury will be the preparation that we can all use because it can be prepared fresh easily. We can watch that often, and watch the effects and see just when we are getting the physiological results.

I heartily agree with the idea that we should begin a systematic building up of the water habit or water drinking of the patient. While these things are all taught in the books, about the good effect of water and how it dilutes the salts, we sometimes forget many things in the books that we should have learned in school, and look at the moon sometimes and sometimes on the ground.

In regard to potassium and sodium salts, there is not much difference of opinion among men who have watched closely as to these being the best eliminants.

There is one point that I have observed in the last ten years in my cases that I did not see touched upon in connection with fighting the disease, and that was the quickening of the circulation with one of the best heart tonics we could use with the least harmful results, and that is to give a dose of strychnine, and prescribe it every day. I have dismissed some patients recently that haven't missed taking as much as (three doses at a time) 1-40 gr. strychnine every day for twelve months. I think they have been honest with me and that they have carried out my instructions. It has appealed to me; still, I don't know that I have noticed that point emphasized in any paper I have read. If we have fed that patient with a generous diet and whipped the heart up with a well-selected heart tonic, it makes the heart beat a little faster and a little stronger. We aid elimination and accelerate the circuit. We increase the destructive metamorphose and we increase the healthy cell proliferation by merely quickening the circuit or hurrying around, as it were, of good rich blood. While I don't believe in crying out about specifics, it is owing to what we mean when we talk about mercury being a specific. If we mean iodide of mercury freshly prepared, where the iodine and mercury have combined the very minute it was made, where it is taken after meals, taken right up and absorbed immediately, thrown right into the system, and the glandular secretions increased, if you mean that it is the best thing we have got, and it does produce that result, then I say mercury is a specific.

I will not take up any more of your time. I have tried to confine my remarks to the exact point of when to begin. If we begin just as

soon as we have reasonable grounds to believe that the patient presenting himself or herself has syphilis, we would not take any chances. The idea of waiting until a certain symptom develops reminds me of waiting until a fire gets to a certain stage before you throw water upon it. You can put out a small blaze with just a little effort; but you cannot stop a conflagration with a pail of water. The Fabian policy don't appeal to me as sensible.

Dr. Brooksher: I fully agree with the essayist about when to begin to treat syphilis. Begin, of course, as soon as you know that you have syphilis. As a dictum to be adopted by this Society that you should begin with the initial lesion, I am afraid you would subject a good many innocent people to take a course of mercury where it wasn't needed. Take my own experience. While I do not pretend to be a syphilographer, I have had some experience with syphilis, and if I were to treat each patient who comes into my office with a suspicious sore, put him immediately upon mercury, in looking back over my experience I am sure more than half of my cases would have been subjected to months of needless mercurial treatment. I fully agree that it cannot be emphasized too strongly that the time to commence syphilis is when you know you have it. But, until we have a pathological sign or symptom by which we can diagnose syphilis from the initial lesion, it may be all right (I do not say it is not) for the doctor to commence with the initial lesion. It may be all right with the expert. I do not say it is not. I am afraid in that case he will sometimes subject an innocent party to mercurialization. But, I do say, taking my own experience and the experience of members of the profession with whom I have come in contact, that such a dictum to be accepted by this Society would certainly subject a great many innocent people to mercurialization. But it is no simple matter to tell a man he has syphilis. It is a very serious matter. It is a stigma that attaches to that man; not only himself, but the innocent progeny that may follow after him; and while I am just as anxious and ready as any one to effect a cure I say that you cannot be too careful, you cannot be too sure, when you tell a man he is a subject of syphilis. You ought to know. It is a serious matter. Take, for instance, a case in point. Very few of our life insurance companies will insure a man to protect his family and children if they know he has been a subject of syphilis. It is a serious matter. But, if the profession wants to protect themselves, I am sure they will get a good many fees, and I may get some handsome fees for treating him for syphilis that I have not got. It would be to my interest, but I don't think to the interest of my patient.

I know some patients who came into my office five or six or seven years ago who had very suspicious indications of syphilis, but I did not put them on mercurial treatment, and the result to my mind has proven that they did not have it. The first indications were very much more satisfactory and very much stronger for syphilis than others who have

come in, and, by waiting a little time, proved to have syphilis. I have watched these people for five or six or seven years; some married and some have children, and there has not occurred up to date any evidence of syphilis.

I don't care to say anything about the treatment. So far as we know now, I think the treatment of syphilis is pretty thoroughly boiled down and accepted. The treatment as given by the paper is certainly very fine. It is as good as anything we could get. It is up-to-date. It is strictly proper. But, I believe to most of the profession the dictum to commence with the appearance of the lesion is in advance of the times. As I said, it may be all right for the expert. But, at the present time, with our diagnostical ability, for the dictum to go out and for us to sanction the proposition that the treatment shall begin at the initial lesion, I say I think it is in advance of the times, and I am afraid it will do a great deal of harm.

Dr. Hebert: I regret very much to take issue with my esteemed friend, Dr. Minor. First, I want to compliment him upon having presented the best argument for a bad case that I have ever heard in my life. I will take up at the outset the hygienic treatment, the non-medicine treatment, the eliminative treatment, as we call it. I cannot criticize him, for I realize the importance of that. It is paramount. The medicine treatment will accomplish very little unless accompanied with the proper hygienic treatment. Elimination is the key-note. But, to restrict ourselves to the subject, when to begin the treatment. That's important. Or, according to this paper, when to begin the use of mercury. I say, begin the use of mercury when you are sure of your diagnosis of syphilis by the appearance of secondary symptoms, and never before. I will make one exception only. When a patient presents himself with an initial sore, a sore having the characteristic appearance of chancre, if in that case you can be confronted by the party suspected of having given the infection and you examine that party and find he or she has syphilis, then, I say begin the treatment and give mercury. That is the only exception I have to make. Dr. Minor's point would be better taken if it could be shown that by the immediate institution of mercury treatment syphilis could be aborted, but that I doubt very much. In fact, I don't believe it. There are cases where the immediate treatment has been instituted, and where secondary symptoms have not shown themselves; but we must remember that there are also many, many cases in which initial sores have presented themselves and no treatment has been instituted, where the usual secondary symptoms have not shown themselves.

I should dislike very much, Mr. Chairman, to see the members of this Society return and take up their practice with the determination of following out the idea laid down by the essayist. I think it would be very inadvisable and perhaps dangerous. We have frequent occasions to delay action in our practice in this city to see the results of such practice,

and that practice is tremendous. Though you may not think so, many, many cases present themselves here for treatment who have been placed upon a specific treatment at the very beginning of their trouble, never having shown secondary symptoms; and they are pitiful objects to have to treat, I assure you. Their mental condition is as bad as their physical. I am a firm believer in the absolute specific action of mercury in syphilis, and the only question of when to begin is one of diagnosis. You cannot start it too soon, when your diagnosis is complete. I do not mean to wait until the syphilis germ appears or any secondary lesion confronts us. That is not necessary. You may be guided by the appearance of enlarged glands at some point remote from the initial sore, or by an increased amount of hemoglobin in the blood unexplained in any other way except by an increased amount of white corpuscles. These things frequently precede the syphilis germ, and are sufficient ground for beginning the treatment.

But, I wish to repeat, and I would like to impress it upon every member of this Society, that the idea of beginning the use of mercury in the treatment of syphilis upon the basis of a diagnosis made through chancre alone is entirely inadvisable and frequently dangerous.

Dr. Kirby: I did not hear all of the paper; consequently, I don't know that I am in a position to say much about it. But, I want to reiterate, if I can, what these gentlemen, Drs. Brooksher and Hebert, said in reference to this matter. I do not believe that we should commence to treat a case until we are sure we have one. In that connection, while I have not carried it out as yet, but intend to, you can always find the parasite *spirochete pallida*. I believe from what I have read about the matter when this germ is found in chancre we have syphilis. I think it is well enough to prepare ourselves for that, and whenever we find that in the sore or in the rupture or in the blood, we can be certain of our diagnosis and go ahead and treat as suggested, and not until then.

Dr. Hays: It seems to me that some of the members have misconstrued Dr. Minor's remarks. I don't think he said to commence treatment from a suspicious sore. But, I think he meant what I inferred, to commence just as soon as you can make a diagnosis, which I heartily concur in. If you can make the diagnosis from the chancre, and if it is a genuine hard chancre, it is not as a rule very hard to make a diagnosis, and the treatment should be instituted immediately.

In the light of recent investigations, the parasite, *spirochete pallida*, or *refringens*, is found in the chancre. It is found in the most infectious sores; it is found in the mucous patches, in the syphilitic corium, and in the blood. Dr. McKenzie, of New York, in a recent report gave a very simple method of finding it. The great trouble they had to find it was owing to the fact that it took so long to stain the germ. It is not a bacillus, but belongs to the protozoan family. He describes what is known as Dr. Goldman's staining fluid. If you

can find it in the chancre, I think it will clear up many cases.

Dr. Newman, of Vienna, before the International Medical Congress, at Lisbon, read a paper on what he called "recurrent syphilis," in which he said that in the light of medical investigation, with syphilis in its earliest stage our whole system is flooded with the bacilli in a short time, and treatment should be instituted immediately, or else they become stored up in the lymphatic glands or lymphatic nodes somewhere, and syphilis appears in a short time. I believe as soon as a diagnosis is made, the treatment should be instituted immediately. Some old authors used to advocate waiting until the secondary stage because you might miss your diagnosis.

I never would tell a man he had syphilis or put him upon treatment unless I was absolutely positive. If I was positive, I did not hesitate. Why wait until his whole system and every lymphatic in his body is flooded with the virus, when you can find it in the chancre? There is your germ. Why wait? In treating typhoid fever, you don't wait until you have perforation before you treat the case. (Applause.)

Dr. Kittrell: I was a little surprised at the paper. I do not think very many syphilographers believe in beginning the treatment when the chancre appears. I think that a great many who are considered pretty good claim they cannot make a diagnosis from the chancre, and that they would not begin treatment with no more evidence of syphilis than from this sore.

I have a letter in my pocket from a friend of mine who contracted a sore about six or eight months ago. He came to me, and I begged him to defer treatment until I could be sure. He became frightened at the prospect of yellow fever and went to Canada for the summer, and while there he consulted some one who put him on treatment. He has never had any secondary symptoms. He came to me a few weeks ago almost with tears in his eyes, and said he saw now the error of his way, that he did not know whether he had syphilis or not. He wasn't sure of anything. He had been under treatment, and didn't know what to do. He had been taking the treatment for six or eight months. His health had run down somewhat, and he didn't know whether he had it or not. He asked my advice, and I told him inasmuch as he had taken the treatment so long to keep it up. I didn't believe he had it; but, rather than have the disease break out again at some later day, probably he had better keep it up.

I have now a man who I thought had chancre. It is four months now since he came. He has had absolutely no secondary symptoms. His health is better now than when the sore appeared. He tells me he feels better than he has for six months. If I had treated him, I would have thought I had stopped the secondary term. He would never have known whether he had syphilis or not. He always thought he had.

It is not a question of sentiment nor one of

diagnosis, but a question of subjecting a man to a long course of treatment when you don't know whether he has got it or not. It is like treating one who has chills for malaria without finding out whether his condition is due to malaria or not. It is largely guesswork. I believe most authorities claim that syphilis can be cured just as well by specific treatment after secondary symptoms appear as they can to begin with the initial lesion.

We men on the outside who are not syphilographers do not see many cases; but occasionally do see those that have been to health resorts for treatment for syphilis, that have been treated for two months energetically, as the doctors say. They say they have been told they are well. They have secondary lesions and tertiary lesions.

I think that the views expressed by the gentleman who read the paper may be all right for a syphilographer like he is, but us fellows on the outside, I don't think we can always diagnose a case from the sore, even if there be some enlarged glands in the groin.

Dr. Crutcher: Dr. Minor, what relation does the healing process in a soft sore bear to the diagnosis? I am led to ask that for two reasons: Every now and then some man comes into my office, and I have questioned him as to whether he ever had a sore, and have been told he did have some years ago, but it healed up in a few days or a week or two. We ask him if he has taken any internal treatment, and he says, No. Yet, we have unmistakable evidence of syphilitic infection.

I am led to this inquiry also by a recent case in my own practice. Late in February, a young man came into the office with seven soft sores, or rather at the beginning there were four, and in spite of vigorous and proper treatment there were within twenty-four hours seven sores. But, under ordinary treatment for chancroid, they all healed in nine days. That was the 24th of February. Last week, he came into the office with a rash. He said he had no sore throat. I never found any glands about his body enlarged. I did find excessive uric acid on examining his urine. Without saying a word to him, I concluded to pass the matter off for a few days, and cleared up the rash by simple eliminative agents. I then put him on treatment. I ask this question for these little things come up now and then.

Dr. Minor: I expected to hear a little more than this. I am not an expert or syphilographer. I think everybody has as much common sense as I have.

I want to say to Dr. Brookshear that I am not an extortioner, either. I don't want any patient in my office for treatment for syphilis just for the money. I don't want to do that.

I haven't any apologies to offer the Arkansas State Medical Society for the paper I have read, either. I knew there was going to be a great many who would take exceptions to that principle; but I simply ask the members to consider, not to accept the theory. I simply ask them to study the paper when it is published. The paper was written for those who

study syphilis, not those of us who read nothing; and that's all I have to say. (Applause).

Dr. Brooksher: I want to offer an explana-

tion. I did not intend to convey the idea at all that he would increase his fees, but I did mean to convey the idea that it would decidedly increase mine.



THE JOURNAL

OF THE

Arkansas Medical Society

Owned and Controlled by the Arkansas Medical Society with
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PUBLISHED MONTHLY, Price, \$1.00 a Year in Advance.
Single Copies 10 Cents.

Published on the fifteenth of each month under the
direction of the Committee on Publication.

Entered June 24, 1904, at Little Rock, Ark., as
Second-class Matter, under Act of Congress of July 16,
1894.

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Medical Society, it should pre-eminently
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bers of that Society. It contains excellent
portraits of Dr. Travis Drennen, of Hot
Springs, and of Dr. Joseph Mathews, of
Louisville; also pictures of subjects of
advanced uncinariasis. It is well found
and does credit to everyone connected with
it.—St. Louis Medical Review, July 28,
1906.

Thank you, brother, for this bouquet.
which, we assure you, we appreciate while
we are yet in the flesh. A rose bud on the
lappel of the living, is worth more than a
thousand floral offerings on the grave of
the dead. The Journal of the Arkansas
Medical Society is a babe in swaddling
clothes, but we hope to watch the infant
develop and become more useful as it grows
older. Again, thank you.

—X—

A MEDICAL EDUCATION IN LITTLE ROCK.

Members of the Arkansas State Medical
Society should see to it that there is no
good reason why their pupils should be sent
abroad for a medical education. With the
two medical colleges in Little Rock to choose
from, why go away for a course of lectures?
Why not patronize home and help build up?
Arkansas has a noble class of young men, and
these young men must, of course, prepare
themselves for life's duties. Little Rock is
well equipped to take care of the medical
education of our young men. The editor of
the Journal has in a former article, urged
that our members should be more diligent in
the matter of seeing that our boys come to
Little Rock and attend their lectures, and
now we insist more than ever on this. In
fact, we appeal to every doctor who has the
welfare of our great state at heart, and who
wishes to help build up; stop this thing of
recommending foreign schools. Let our
boys, who expect to practice in Arkansas,

and make their home in Arkansas, be so impressed with loyalty for home enterprise, and taught that state pride is something worth possessing, that they will feel that they, too, have their part to play in helping to build up. The Journal of the Arkansas Medical Society is not the mouthpiece for anything, or anybody, and will not be while the present editor is in office, but will at all times endeavor to be the official organ of the Society, but we believe that we voice the sentiments of the vast majority of our members in saying that too many of our boys go abroad for their medical training, and that it is unfair for them to go away and graduate, and then return to practice in their home state that they are not helping to build up medically.

This article is in nowise intended as a "boost," but to point out a medical leak that should be stopped.

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BOUND VOLUMES OF THE JOURNAL.

We again wish to remind our members if they wish to have the bound volume of the Journal, they must send in their orders; as it will be impossible for the Publication Committee to arrive at a definite knowledge of the number that will be required. Doctor, do not wait until the last moment, and expect to have a volume ready for you. The committee will only have volumes bound for those who want them—with a few extras for those who may for good and sufficient reasons have been prevented from ordering. The committee will not, under any circumstances, obligate the Society any further, and if you wish a volume, send in your order? *Do it now.*

—X—

NOT IN EXCLUSIVE CLASS.

Little Rock is outgrowing the exclusive class. It is too big for one hotel, one wholesale house, one medical college, one sanitarium, or one anything. The medical profession is therefore to be congratulated that some of its progressive men have decided to start a new sanitarium with medical college in connection. There is plenty of room for it. Little Rock is now wondering how it got along without the present splendid institution of St. Vincent's, and the city and county hospitals. The new institution will be a success from the first, because there is a demand for it. Patients and the maimed will be brought here from all parts of the state for treatment, just as they are

now, but there will be more of them, because there will be more accommodations. The city owes these progressive citizens and professional men a debt of gratitude. Their support is assured.—Editorial in Arkansas Democrat.

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WHAT SOME OF OUR ADVERTISERS THINK OF THE JOURNAL.

Below we publish two letters received and have a third making a similar change. These parties—we do not give their address, being requested not to, as we asked permission to publish their letters—have contracts that do not expire for some time, but they voluntarily cancel these and enter their orders for more space, and at the increased rates. One desires the same space now occupied, for 18 months at the increased rates of \$30 for the 18 months five months before the expiration of his contract. They send a contract for this page at \$60 per year, while their former contract only calls for \$40. This is purely a voluntary move on their part, but is nevertheless appreciated. Again, we urge our members to patronize our advertisers when it is at all possible to do so. Don't forget to tell them in every letter that you saw their advertisement in the Journal of the Arkansas Medical Society. These people are helping the Society pay for your Journal, and they naturally would appreciate the fact that you let them know that they are not spending their money on the Journal in vain.

This is a business proposition pure and simple, and you can help retain every advertiser that we have secured if you will, and not only this, but assist in getting others.

C. C. Stephenson, M. D., Journal of the Arkansas Medical Society, Little Rock, Ark.:

Dear Sir:—The writer has been absent from his desk for some time and only within the past few days has he found time to review some of the Journals received during his absence.

We are so favorably impressed with the improved form in which you are now publishing the official organ of the Arkansas Medical Society that we are prompted to suggest a change, which, as you may well understand, is quite out of the ordinary course.

The editorial in the current issue confirms our intention to increase the amount

of our appropriation prior to the expiration of the existing contract, and it affords us much pleasure to hand you the enclosed order, superseding that of June 1, 1905, which does not expire until December, and, as it is customary to terminate all advertising orders with a calendar year, we are again providing for 18 instead of the customary 12 insertions.

Yours, truly,

* * * * *

Journal of the Arkansas Medical Society,
C. C. Stephenson, M. D., Little Rock,
Ark.

Dear Doctor:—Your Journal, in its new form, looks so well that we think * * * * * should be represented with a bit more liberal space. Would it not be possible to give us a half of a right-hand page in the front form, running from top to bottom? Of course a position facing the last page of reading matter would be even more desirable.

If you can see your way clear to enter us as indicated please forward contracts in duplicate.

With best wishes for the continued success of your journal, we remain,

Yours, very truly,

* * * * *

SELECTION OF ORATOR IN SURGERY.

Kentucky as usual came in for her share of honor, Dr. William H. Wathen, of Louisville, being chosen to deliver the oration on Surgery for next year. This is an honor well deserved, for there is probably no one in the state who has been a more regular attendant, and who has been more zealous in his efforts to build up the American Medical Association than Dr. Wathen. His vast experience in gynecology and surgery, and his general popularity, fit him admirably to represent and do credit to our state.

This is the highest honor in surgery that the Association can confer, and is a recognition of Dr. Wathen as one of the country's most distinguished surgeons. The names of the last three orators in surgery—Mayo, Warren, Bryant—with Wathen, make a quartet that would honor any country.—Ky. Med. Jour.

The editor of the Journal of the Arkansas

Medical Society is one of Dr. Wathen's pupils, and knowing him as we do, we can only add that this quartet, composed of such intellectual giants, will be indeed hard to follow.

—X—

A PECULIAR COMBINATION, BUT "LOADED FOR BAR."

Stuttgart (Arkansas county) has a new Board of Health. This Board is composed of the following: Dr. Hoffman, (homeopath) president of the Board; Dr. F. H. Glenn, (osteopath); "Dr." O. B. Shirkey, (veterinary surgeon). The other two members being a groceryman and a grain merchant. Now let's see the logical conclusion of this combination. Unintentional however it may have been when appointed, yet there is that something that the initiated always looks at, and look for, in the various formations of every department composed of our public servants. Acting on this principle, the Journal presumes that "His Honor" the Mayor, desired to be prepared for all emergencies when appointing these gentlemen as members of the Stuttgart Board of Health; and thinks that he must have reasoned about this way: If there is only a small scare—nothing the matter with our town, so to speak, the homeopath can manage the situation with small doses. If a good sized scare should happen to fly over our village, and my people "go to pieces"—get out of joint—then the osteopath is the man to reduce the dislocated anxieties of our afflicted citizens. But, if anything should happen, and a real epidemic befall us, I must have some one to meet the emergency; who carries "a 16-inch" "smooth bore" at his belt, so I will put on a "horse doctor" to bombard the conditions as they may arise, with a groceryman "at the bat," and a grain merchant "on deck."

So it is the regular profession of Stuttgart has been supplanted by this "department store" board of health.

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TRANSACTIONS OF 1905.

The Secretary has received quite a number of notices from express companies, and from the postal authorities, notifying him of the non-delivery of several volumes of the transactions. Doctor, if you have not received your volume, go to your express office or P. O. and get it. It is there waiting for you.

WANTED—LEVEL HEADED DOCTORS

You may be smart, shrewd, cunning, long-headed; you may be a good scholar, very clever—even brilliant—but are you sound? That is the question everybody who has any dealings with you will ask. Are you substantial, solid? Have you a level head?

Everywhere we see *doctors* who are very brilliant out of work, plenty of sharp men who wonder why they do not get a *good practice*. But people are afraid of these one-sided, poorly balanced *doctors*. Nobody feels safe in their hands. People want to feel that a *doctor* in a responsible position can keep a clear brain and level head no matter what comes, that he cannot be shaken from his center no matter how much influence is brought to bear upon him. They want to be sure that he is self-centered, that he is sound to the very core. Most people overestimate the value of education, of brilliance, sharpness, shrewdness, which they think can be substituted for a level head and sound judgment.

The great *practices* of life do not fall to the most brilliant, to the cleverest, to the most long-headed or to the best educated, but to the most level-headed *doctor*, to the *doctor* of sound judgment. When a *doctor* is wanted for a responsible position, his shrewdness is not considered so important as his sound judgment. Reliability is what is wanted. Can a *doctor* stand without being tripped; and if he is thrown can he land upon his feet? Can he be depended upon, relied upon under all circumstances to do the right thing, the sensible thing? Has the *doctor* a level head? Has he good horse sense? Is he liable to go off on a tangent or to "go off half-cocked?" Is he "faddy?" Has he "wheels in his head?" Does he lose his temper easily, or can he control himself? If he can keep a level head under all circumstances, if he cannot be thrown off his balance, and is honest, he is the man wanted.—*Amateur Work.—Italics ours.*

—X—

STARTING HIM IN THE RIGHT DIRECTION.

The Secretary received a letter from a medical student recently asking for a sample copy of the Journal. Coupled with this request was the statement that he was a student, and that "Dr. W. S. Stewart, had talked to him about medical organization, and had furnished him the address of the Secretary, whom he might write for a sample copy of

the Journal. The Journal was sent to this young man, and a nice letter written him, urging him to begin now by subscribing for the Journal, and thus keep himself posted on medical organization.

Dr. Stewart deserves thanks for starting this student off in the right direction. Every member of the Arkansas Medical Society, who knows of a student, should feel enough interest in these young gentlemen to speak to them of medical organization, and after graduation, it would be an easy matter to secure their application for membership to their various County Societies.

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BATTLE CREEK SANITARIUM TO REMAIN HERE.

A rumor to the effect that the Battle Creek Sanitarium in Little Rock will be abandoned is denied by Dr. W. C. Green, who is in charge of the institution. Dr. Green says that instead of leaving Little Rock he and his associates are having plans made for the erection of a three-story building, to which the sanitarium will be moved from its present quarters at Seventeenth and Boardway. The Battle Creek Sanitarium people will also establish treatment rooms in the basement of the new Hotel Marion, which will be opened about October 1.

A DOCTOR'S RATE BOOK.

The Clay County Medical Society has made a book, which rates each citizen in the western district, as to his paying qualities. This rating is more thorough than Bradstreet's or Dun's. The book will be revised from time to time so that any one in the extreme bad class may have a better rating when he pays up. This is no black list, it is stated, but all are rated by classes.

The editor of the Journal advocated this in the Bulletin of the Arkansas Medical Society, and we are glad to know that Clay county has agreed to try the proposition. We shall watch this with much interest, and we predict it will succeed, as it is rational.

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CORRECTION.

In July number of Journal, under head of House of Delegates, page 78, Ninth Councilor District, Dr. J. T. Tyler, should be Dr. J. T. Tipton.

Page 79, Ninth Councilor District reports Stone, Van Buren and Newton counties not organized. Instead of Newton, put Marion county.

PERSONAL MENTION.

Dr. Hardeman has returned from Mount Nebo.

Dr. A. R. Stover, of Little Rock, has gone to Colorado Springs.

Dr. and Mrs. W. C. Dunaway paid Pine Bluff a visit recently.

Dr. C. E. May of St. Louis, is the guest of Dr. A. J. Widener.

Dr. J. T. Holcomb, of De Witt, has been to Colorado prospecting.

Dr. Hoffman, of Stuttgart, was a Little Rock visitor since our last issue.

Dr. Marion King, of Texarkana, will leave in a few days for a post-graduate course in the East.

Dr. C. A. Smith, of Texarkana, is in Rochester, Minn., attending the clinics of the Mayos.

Dr. B. W. Flynn, who was operated on for appendicitis, has improved sufficiently to be at his office.

Dr. G. C. Abell, of Texarkana, has recently returned from a post-graduate course in the East.

Dr. A. C. Jourdan of Pine Bluff is home from Chicago, where he has spent several weeks on business.

Dr. C. C. Browning and wife and daughter of Monrovia, Cal., are visiting E. C. Browning and family.

Dr. J. W. Scales, of Pine Bluff, our Treasurer, has been visiting in the mountains for a little summer vacation.

Dr. M. M. Inman, formerly of Quitman, but now of Artesia, New Mexico, writes that he is succeeding admirably in his new field.

Dr. T. F. Kittrell, of Texarkana, has recently returned from an extended trip to the clinics of the Mayos at Rochester, Minn., and of Price and Deaver, of Philadelphia.

Dr. Vernon MacCammon, of Arkansas City, paid the Secretary a visit just after the adjournment of the State Board of Medical Examiners of the Arkansas Medical Society, of which he is a member.

Dr. Charles Dake, of Hot Springs, is contemplating the erection of a skyscraper office building in that city. It is his plan to make it an office building either eight or ten stories high. It will be fireproof and will be one of

the largest and handsomest office buildings in the state.

Dr. O. K. Judd, assistant superintendent of the City Hospital, has returned to the city after an absence of several weeks during which he took a post-graduate course at the Johns Hopkins University.

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DIED.

Dr. John P. Mitchell, of Clarksville, is dead. Dr. Mitchell was an old citizen.

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DR. E. L. HARLEY DEAD.

Dr. E. L. Harley, one of the oldest and most successful practitioner in that part of the state, died July 16, at his home in Paris. Dr. Harley came to that section in 1869. The body was interred in the city cemetery with Masonic honors.

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DR. J. H. WESTERFIELD DEAD.

Dr. J. H. Westerfield, of Atkins, died at his residence after a month's illness, July 31, aged 62 years. He was born in Kentucky, and graduated from the University of Louisville. He came to Arkansas 35 years ago, and settled at Springfield, where he practiced his profession until ten years ago, at which time he moved to Atkins. Dr. Westerfield was a prominent Mason. The body was interred with Masonic honors. The local lodge of F. and A. M. was assisted by Morrilton and Plumerville lodges. The interment was in the family lot at the Atkins cemetery.

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REMOVALS.

Dr. F. S. Alexander, of Houston, to Hartford.

Dr. D. T. Stanley from Little Rock to Birmingham, Ala.

Dr. Edward D. Jones, of Russellville, to Los Angeles, California.

Dr. M. J. Barlow, of Riverside, to Argenta. Dr. Barlow has his office at Robbins' drug store.

Dr. J. W. Jenkins, of Little Rock to St. Louis, on account of being paralyzed. Dr. Jenkins has been compelled to give up his practice and position as division surgeon for the Iron Mountain Railroad on account of his affliction.

A QUERY.

Will you tell us medic sages,
 Of this new enlightened day,
 You, who claim the truth of ages,
 In your minds is stored away;
 Why so early in the season,
 Health has blessed most everything;
 If the negro dies that year,
 He almost always chooses spring?

To the cocci and bacilli
 You have given pedigrees;
 You've informed us of spirilla,
 And of actinomyces;
 These you've learned to fight with serums,
 Some you kill upon the wing,
 But you hav'nt told us yet,
 Why does the negro die in spring?

He will live through summer's heat,
 Full of bile from head to feet,
 Have the chills and fever all the live long
 fall;
 Lives in winter through pneumonitis,
 Or survives appendicitis,
 But he can not stand the good old spring
 at all.

Many ills you've talked about,
 From meningitis to the gout;
 You have told the cause of every pain they
 bring:

Tell us now, we do implore you,
 For the question is before you,
 When the negro dies, why does he die in
 spring?

A. D. Bunn, M. D., Humphrey, Ark.

(The Journal will give a chromo to any medical practitioner in Arkansas to satisfactorily answer Dr. Bunn's query.) Lets have the answer for next issue.

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TWENTY-SEVEN ARE LICENSED.

Twenty-seven licenses to practice medicine under the state laws were issued to twenty-seven young men who made the required 75 per cent on their examinations in seven subjects at the state house on July 10.

Dr. J. P. Runyan, Secretary of the State Medical Board, was also instructed to issue state licenses to six others, on account of their being registered under the law.

There were forty-seven young men who tried for the examination for the state licenses, but twenty of them failed to make the required average, and were rejected by the board. The new laws make the examination much more rigid than it was formerly, and the examiners are determined not to put the state's license into ignorant or unskilled hands.

The young men who passed are from various parts of the state, and the successful ones are as follows:

Frank J. Austin, Ola; Clarence M. Auter,

Dumas; Jas. R. Bass, Little Rock; Thos. C. Chandler, Spring Creek; Chas. R. Chestnutt, Jonesboro; Jas. H. Chestnutt, Hot Springs; R. H. Crowder, Lake, Ind.; Benj. L. Cunningham, Dardanelle; Geo. W. Davis, Dobville; W. N. Elkins, Caladonia; R. S. Erwin, Luxora; C. Alonzo Harding, Ozan; Lewis T. Jackson, Sulphur Springs; Robt. R. King, Rohwer; Alfred H. Marshall, Charleston, Mo.; Samuel P. McConnell, Magazine; John E. McGuire, Nimmens; J. D. Mitchell, Little Rock; M. V. Pierce, Macey; Jesse P. Randolph, Hot Springs; Robt. H. Sanders, Monett; L. D. Wadley, Little Rock; Jas. W. Walker, Goshen; Harry E. Williams, Jr., Pine Bluff; Ora M. Williamson, Paragould; William C. Woodcock, Hot Springs; Robert P. Woods, Altheimer.

The following were granted licenses on account of being registered under the old law: J. T. Cheairs, Winchester; Jas. J. Stamps, Sullivan; B. H. Price, Rogers; G. E. Connor, Alexander, La.; J. F. Williams, Moreland, Tex.; J. K. P. Black, Melbourne.

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HEALTH AUTHORITIES ADVISED ON MOSQUITO.

The health authorities are in receipt of circular briefs from the American Mosquito Extermination Society, in which the different species of mosquitoes in the United States, their breeding places and habits, are described.

The list has been prepared with the aid and endorsement of the Advisory Board of Entomologists, whose names are as follows: Leland O. Howard, Ph. D.; Profs. J. M. Aldrich, C. S. Banks, O. Barrett, W. E. Britton, C. E. Chambliss, D. W. Colquitt, S. A. Forbes, H. Garman, C. P. Gillette, H. A. Gossard, Glen W. Herrick, C. F. Hodge, V. L. Kellogg, Trevor Kincaid, H. A. Morgan, Herbert Osborn, G. H. Perkins, R. H. Petit, E. D. Sanderson, H. E. Summers, D. L. Van Dine, and F. L. Washburn, and Drs. W. N. Berkeley, H. G. Dyar, E. Porter Felt, H. T. Fernald and Henry Skinner.

The mosquito suggestions follows:

First—There are over 100 species of mosquitoes in the United States.

Second—Mosquitoes breed only in water. They may breed in any kind of quiet water unstocked with destroying fish.

Third—Mosquitoes usually require one to three weeks to develop from eggs to winged insects in warm weather, longer in cold weather. Some female mosquitoes three

days old lay eggs; the average is greater. Some species lay as many as 300 to 400 eggs at once; some lay them singly. Mosquitoes may live several months (as shown by hibernation and otherwise), but probably few live over a month.

Fourth—Mosquitoes do not breed in grass, but rank growth of weeds or grass may conceal small breeding puddles and form a favorite harboring place for adults. The pitcher plant holds sufficient water to breed a rare and small species.

Fifth—Different species of mosquitoes have as well-defined habits as different kinds of birds, flies, etc. Some are domestic, some wild, some migratory.

Sixth—Most domestic mosquitoes breed in fresh water, fly short distances and habitually enter houses.

Seventh—Most migratory mosquitoes breed in salt and brackish marsh areas and fly long distances. They are not conveyors of malaria.

Eighth—Rigid tests, both direct and eliminative, have proved that certain species of mosquitoes are the only known natural means of transmitting malaria and yellow fever. Some other diseases are known to be conveyed by mosquitoes.

Ninth—Of the domestic varieties the dangerous malarial mosquitoes (several species of the genus *Anopheles*) are among the most generally distributed. They seem never to travel far—only a few hundred yards.

Tenth—A most common and dangerous domestic mosquito in the South and tropics is *Stegomyia fasciata*, which is the natural conveyor of yellow fever.

Eleventh—Mosquitoes are known to bite more than once, as can be seen by observation and is proved by the transmission of disease from an infected person to a new subject.

Twelfth—Mosquitoes are a needless and dangerous pest. Their propagation can be largely prevented by such methods as drainage or filling of wet areas, removal, emptying or screening of water receptacles, spraying standing water with oil where other remedies are impracticable. Attention should be paid to cisterns, house-vases, cesspools, road basins, sewers, watering troughs, roof gutters, old tin cans, hole in trees, marshes, swamps and puddles. As malarial mosquitoes may be bred in clear springs, the edges of such places should be kept clean, and they should be stocked with small fish. The

breeding and protection of insectivorous birds, such as swallows and martins, should be encouraged. Thorough screening of houses and cisterns is necessary to prevent the spread of malaria or yellow fever. The continued breeding of any kind of mosquitoes, with the attendant menace to public health, and to the life and comfort of man and beast, is therefore, the result of ignorance or neglect.

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TRUSTEES OF MEDICAL DEPARTMENT OF UNIVERSITY OF ARKANSAS SELECT FACULTY FOR THE COMING YEAR.

Officers and the faculty for the Medical Department of the University of Arkansas for the coming year have been chosen by the Board of Trustees in charge of this department of the university. The twenty-eight annual courses of lectures will begin October 1 and continue for seven months. The present Board of Trustees consists of Dr. Edwin Bentley, Little Rock; Dr. William B. Lawrence, Batesville, and Dr. William Thompson, of Little Rock.

New Officers and Faculty.

The officers and faculty selected for the coming year are as follows:

Edwin Bentley, M. D., dean, and F. L. French, M. D., secretary and treasurer.

Board of Directors—Edwin Bentley, M. D., president; James H. Lenow, M. D., E. R. Dibrell, M. D., Frank Vinsonhaler, M. D., and F. L. French, M. D., secretary.

Professors—C. Watkins, M. D., emeritus professor of medicine; Edwin Bentley, M. D., U. S. A. (retired), professor of principles and practice of surgery, and president of faculty; James H. Lenow, A. M., M. D., professor of diseases of genito-urinary organs; Louis R. Stark, M. D., professor of gynecology; E. R. Dibrell, M. D., professor of medicine; Frank Vinsonhaler, M. D., professor of ophthalmology and otology; Thos. W. Robertson, A. B., LL. B., professor of medical chemistry and toxicology; W. H. Miller, M. D., professor of obstetrics; F. L. French, M. D., professor of general descriptive and surgical anatomy, and secretary of the faculty; Carle E. Bentley, M. D., professor of principles and practice of surgery and clinical surgery; John R. Dibrell, M. D., professor of clinical microscopy and bacteriology; W. C. Dunaway, M. D., demonstrator of anatomy; Anderson Watkins, M. D., professor of principles and practice of surgery and adjunct to chair of clinical surgery; C. E.

Witt, M. D., professor of materia medica, therapeutics, hygiene and botany; Morgan Smith, M. D., professor of physiology; E. E. Moss, A. M., LL. B., professor of legal medicine.

Lecturers—Morgan Smith, M. D., lecturer and clinical instructor on diseases of children; R. L. Russell, M. D., lecturer and clinical instructor on practice of medicine; O. K. Judd, M. D., lecturer and assistant to chair of anatomy; M. D. Ogden, M. D., lecturer on gross and microscopical pathology; A. E. Harris, M. D., lecturer on clinical medicine and physical diagnosis; James L. Dibrell, M. D., lecturer and instructor in electro-therapeutics, X-ray therapy and dermatology; Oscar Gray, M. D., assistant to chair and clinical instructor of gynecology; J. G. Watkins, M. D., assistant to chair of otology and ophthalmology; A. R. Stover, M. D., assistant to chair of practice of medicine; J. C. Cunningham, M. D., assistant to chair of obstetrics; J. L. Dibrell, M. D., assistant to chair of bacteriology; M. D. McClain, M. D., assistant to chair and clinical instructor of diseases of genito-urinary organs; Milton Vaughan, M. D., assistant to chair of materia medica and therapeutics; C. V. Scott, M. D., assistant to chair of clinical surgery; A. L. Carmichael, M. D., assistant demonstrator of anatomy; Oscar Gray, M. D., assistant demonstrator of anatomy; M. D. Ogden, M. D., assistant demonstrator of anatomy; S. S. Stewart, M. D., assistant demonstrator of anatomy; W. M. McRae, Ph. G., instructor in chemical laboratory; Wm. Goodwin, M. D., prosector of anatomy.



FIGHT ON DOCTOR DRUMMING.

The Garland County Hot Springs Medical Society has taken up the fight against the drumming doctors in lieu of the Visitors' Protective Association, which has actively and successfully engaged along similar lines for the past two years, but which has recently disbanded. The medical society has offered a reward of \$500 for the evidence to convict any doctor of drumming, or paying for patients.

The Journal feels no apprehensions whatever, but predicts trouble "galore" for the "drummer doctor." Take our advice, drummer doctors, and give up your methods that have brought disgrace upon your heads, and either do a legitimate business or quit.

THE COLLEGE OF PHYSICIANS AND SURGEONS OF LITTLE ROCK.

Below we give the faculty of the newly organized medical college in this city, the College of Physicians and Surgeons. This school was recently organized and chartered under the laws of the State of Arkansas. In connection with the college, a first class hospital and training school for nurses will be operated. These belong to the college. It is the purpose of the Board of Directors to have Dr. W. P. Illing, the secretary of the faculty and superintendent of the sanitarium, to reside in the buildings, and have personal supervision at all times. The sanitarium will be open for the reception of patients from all reputable physicians, who may have charge of their patients personally, or refer them to any other physician of their choice. This college is a stock company, with a capital of \$100,000, with \$52,000 of this amount taken. The college will apply for membership in the Southern Association of Medical Colleges at once, and the standards will be that prescribed by this Association from the start. The course will be four years, graded strictly. It is the intention to make it first class in all respects. The opening lecture will be October 3rd. A reception, to which the profession of the state, and public generally, is invited, will be given on the night of the 2nd.

Faculty.

Chas. R. Shinault, M. D., 418 West Second street, president of board of directors and professor of gynecology and pelvic surgery.

Joseph P. Runyan, M. D., 418 West Second street, professor of surgery and dean.

W. P. Illing, college building, professor of mental and nervous diseases and secretary of faculty.

Arthur E. Sweatland, M. D., 5011-2 Main, professor of anatomy.

Strodder U. King, M. D., Mann building, professor of physiology.

G. M. D. Cantrell, M. D., 116 Louisiana, professor of theory and practice of medicine.

D. C. Walt, M. D., Altheimer, professor of clinical medicine.

R. W. Lindsey, M. D., 110 West Ninth, professor of clinical medicine and physical diagnosis.

C. C. Stephenson, M. D., Elks' building,

professor of ophthalmology, otology, laryngology and rhinology.

E. N. Davis, M. D., 120 1-2 Main, professor of chemistry and toxicology.

C. P. Merirwether, M. D., professor of materia medica and therapeutics, and associate professor of surgery.

W. A. Snodgrass, M. D., 111 East Fifth street, professor of clinical surgery and diseases of rectum.

D. R. Hardeman, M. D., 1000 1-2 West Markham, professor of diseases of children.

Edward Meek, M. D., Argenta, professor of obstetrics.

W. N. Stewart, M. D., Elks' building, associate professor of diseases of children.

J. P. Sheppard, M. D., 418 West Second, professor of genito-urinary diseases.

E. M. Thompson, M. D., 111 East Fifth street, associate professor of physiology.

T. E. Hodges, M. D., professor of osteology.

S. P. Vaughter, M. D., associate professor and demonstrator of anatomy and assistant to the chair of ophthalmology.

W. C. Green, M. D., Seventeenth and Broadway, professor of electro-therapeutics and hydro-therapy.

A. K. Wayman, M. D., Fifth and Main, first assistant demonstrator of anatomy and assistant to the chair of clinical surgery.

E. E. Hodges, M. D., 120 Main, second assistant demonstrator of anatomy.

C. Travis Drennen, M. D., Hot Springs, professor of syphilology and dermatology.

B. W. Flinn, M. D., 120 Main street, professor of organic materia medica and pharmacology.

D. A. Gray, M. D., professor of pathology, histology, bacteriology and clinical microscopy.

W. E. McLain, M. D., Argenta, adjunct professor of theory and practice of medicine.

Dan W. Jones, M. D., Ninth and Main, associate professor of clinical medicine and physical diagnosis.

M. E. McCaskill, M. D., 900 Scott street, associate professor of genitinary urinary diseases.

M. E. Dunaway, A. B., 1524 Schiller avenue, professor of English and literature.

Andrew Rust, Ph. D., 2022 West Seventeenth street, professor of Latin.

W. H. Abington, M. D., adjunct professor of obstetrics.

W. B. Smith, LL. D., Moore & Turner building, professor of medical jurisprudence.

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DR. J. P. SHEPPARD TO BE SUPERINTENDENT.

Dr. J. P. Sheppard of Little Rock, will succeed Dr. W. P. Illing, as superintendent of the Pulaski County Hospital. In answer to an inquiry, County Judge Coffman said that he had decided upon Dr. Sheppard for the position that will be made vacant by the resignation of Dr. Illing. Dr. Illing's resignation will become effective October 31, at the expiration of the first term of Judge Coffman, on which date Dr. Illing will retire from the superintendency of the hospital after fourteen years' service. Judge Coffman also said that Dr. Sheppard's wife will be appointed matron of the county hospital.

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LITTLE RIVER COUNTY MEDICAL SOCIETY.

Dr. C. C. Stephenson, Little Rock, Ark.:

Dear Doctor:—The Little River County Medical Society met at this place on the 12th inst., with a full attendance. First meeting we have had for some time. We had no special program to carry out, so we proceeded upon new business.

While our Society consists of but four members, we have agreed positively that we will have a meeting once a month, and have selected Foreman and Ashdown as the places of meeting; meeting alternately and the second Wednesday of each month the regular time of meeting.

In the matter of the insurance examination fees, we have adopted the resolutions that were introduced by Dr. Fink at the Association at Hot Springs, and as published in the first edition of the Journal; as this resolution seemed to meet the approval of our members, they deemed it proper to adopt them.

From now on we are going to arrange to do post course work in our meetings, as near correct as we can. Situated in the country as we are, and being to some of the members inconvenient to meet, we will not be in a position to do cadaveric work, but in the place of the cadaver we will take some anatomical subject and review it. The visceral

anatomy will be taken up first and remain on that until it is entirely completed; in connection with that we will take physiology. Following this course of work, we propose to take from time to time other important branches. Our next meeting will be held at Foreman on the 8th of August. The post work being our first work, can't foretell what success we will have, but believe we will be much benefited.

In the near future the members of the Little River County Medical Society are going to arrange to have a public entertainment at Ashdown, and invite one or two good men of the profession to deliver a lecture for the benefit of the laity on "What Organized Medicine Is and Means."

We believe this step will be the greatest incentive in bringing the physicians of this county in a closer relationship to each other, and aid in removing any friction that may exist between any of them; also the enlarging of our membership, increasing a better stimulus in the profession in general, and last but not least, awaken the laity to the fact that their co-operation is needed in achieving advancement for the medical profession of their county.

This being the first communication to the Journal in behalf of Little River County Medical Society, I will not invade upon your time and space any longer.

Wishing you and the Journal much success, and hoping this will be the banner year to all members of the Arkansas Medical Society, I am fraternally yours,

W. E. VAUGHAN,

Secy. Little River Co. Med. Society.

Here is a Society that will get the benefits of organized medicine. Why can not others do likewise? We commend this effort and particularly do we wish to compliment Dr. Vaughan, the efficient secretary.

"He is a live wire."

Let the Journal have the results of your work, doctor, for publication. It might be a stimulus to others.

—X—

FROM DR. D. N. FISHER.

Editor Journal of the Arkansas Medical Society:

There is not a single class of laborers to be found that are not banded together for mutual help, save the brotherhood of physicians. Why is this? Are we less interested in our general welfare, or so busy we can't take time to be even social? It would be

well for the brotherhood to reason together, and if we have not time to be social, we could take time to counsel together for our mutual good.

Most doctors, when life's work is ended, leave but little of earth's goods for their wives and little ones. Let us reason if each member in the State Medical Society would agree to contribute on the death of a brother to his family, or charge one dollar each, paid to secretary of his County Society, that family would have something over \$700 to lighten the burdens of life, and, my brethren, we would bestow a blessing at little cost. We might arrange like this: Let each member pay to the secretary of his County Society one dollar, to be ready for a demand at the death of a member; through the State Journal let a verified statement of the demise of a member be made, and the secretaries are ready at once to send to the bereaved family; then let each member place his dollar with the secretary, ready for the next call. By this means we would have insurance without having to keep up a horde of officers. Mr. Editor publish and agitate it, and I am certain it will meet the hearty approval of every member of the State Society. With best wishes for all, I am,

Yours fraternally,

D. N. FISHER, M. D.

Benton, Ark.

The Journal believes that a proposition of this kind would succeed and do good. Let's hear from others on the subject, and if sufficient encouragement, let it be brought up at the next meeting and plans devised.

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PHILLIPS COUNTY MEDICAL SOCIETY.

To the President and Members of Phillips County Medical Society:

Gentlemen:—Your Committee on Public Health and Medical Legislation beg leave to report the case of an individual calling himself Dr. A. F. Ward residing and practicing medicine in the vicinity of Vineyard, Phillips county, Ark., without a license or diploma. Said Ward is about 65 years old, tall in stature, spare made, copper color, with long iron gray hair, bald on top of head; one hand seems paralyzed. He looks like an Indian, although of mixed Indian and African blood, and calls himself an Indian doctor.

The committee, through Dr. Penn secured convincing evidence among those upon whom he practiced, and with the services of

a good lawyer, easily convicted him in a jury trial before a magistrate, the penalty being a heavy fine.

In his testimony, at the trial, he claimed that he had not violated the law, in that the medicine he makes, sells and receives pay for, is gathered from roots, leaves and bark of trees and herbs taken from mother earth, boiled into a decoction and sold as medicine. It was further developed that as a result of his practice of medicine and visits made to patients, that many serious illnesses, trifling at first, resulted from the use of his medicines. He furthermore stated that he had been arrested twenty times for the same offense, but had always escaped punishment.

He has not taken an appeal from the decision of the magistrate's court, and probably will not.

The committee is of the opinion that the report of this case with its description of the culprit, and the offense, should be reported to the Arkansas Medical Society, and the same be published in the Journal, in order that the medical profession throughout the state may be apprised of these and similar cases to the end that these wandering medical fakirs may meet the penalty elsewhere every other lawbreaker receives for his crime. Respectfully submitted,

M. FINK, Chairman,
G. E. PENN,
W. C. RUSSMUNE.

We are certainly glad to record another victory for organized medicine in Phillips county. Other County Societies can do equally as well if they will only try, when the occasion arises.

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WASHINGTON COUNTY MEDICAL SOCIETY.

At a regular meeting of the Washington County Medical Society held in this city July 3, 1906, the following was introduced and adopted unanimously.

Resolved, That this Society, recognizing the great importance, to the people, of the result of the steps now being taken by the regular medical profession of the United States, with the co-operation of such prominent journals as the Ladies' Home Journal and Collier's Weekly, is glad to greet the Springdale News, one of our county papers, as a coadjutor in this good work and expresses the hope that it may see its way clear to a complete severance of its connec-

tion, in any way with the patent and proprietary medicine inequity.

Resolved, That a copy of this resolution be sent to each member of the Society, and to the editors of the Ladies' Home Journal, Collier's Weekly, and the Springdale News.

FRANK B. YOUNG, M. D.,

P. L. HATHCOCK, M. D.,

W. B. WELCH, M. D.,

Committee.

JAS. R. SOUTHWORTH,

Secretary.

Every Society in the State takes off their hat to the News. It is certainly gratifying to know that there is one newspaper at least that will not sell its columns to frauds.

—X—

POPE COUNTY MEDICAL SOCIETY.

Resolves on the Insurance Question of Fees.

Dr. C. C. Stephenson, Secretary Arkansas State Medical Society, Little Rock, Ark.:

Dear Doctor:—The Pope County Medical Society met in regular session on the third Thursday in June at Atkins, with only a few members present; notwithstanding we had an interesting meeting. Among other things that was brought before the Society, was a resolution originating in the Johnson County Medical Society, proposing to regulate life insurance examinations, was had and by motion, was tabled until our next meeting. A motion carried to suspend rules and discuss the question just tabled, which resulted in requesting the secretary to acquaint the Secretary of the State Medical Society of the fact that it is the sense of this Society, while we don't want to be hasty in adopting such resolutions, that we as a dignified profession, should in the near future, or as soon as practical, adopt resolutions exacting of all old line life insurance companies to pay not less than \$5.00 where an urinalysis is required and \$2.50 for each examination made for all benevolent orders.

Faternally submitted

DR. L. GADDY, Secretary.

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CLARK COUNTY MEDICAL SOCIETY.

The Clark County Medical Society met July 19 in the office of Dr. E. K. Williams. There were present the following members: Dr. W. T. Rowland, president; Dr. N. R. Townsend, secretary; Dr. E. K. Williams, Dr. J. C. Wallace, Dr. W. M. Moore, Dr. A. G. Jackson, Dr. H. Hardy, Dr. W. Estes and Dr. J. L. McLean.

The feature of the meeting was the pre-

sentation of a paper on the subject of "Acute Gastro-Intestinal Intoxication," by Dr. Morgan Smith, of Little Rock.

Dr. E. K. Williams presented for examination models of single and double drainage tubes for pus cavities, which he has invented, and which met with the universal approval of those present. Dr. Williams stated that the tubes were now being manufactured by a firm in Ohio for the use of the profession.

Dr. N. R. Townsend was appointed to present a paper next month on the subject of "Nephritis." Much interest is being taken in the work of the Society by the physicians of the county.

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FIRST COUNCILOR DISTRICT MEDICAL SOCIETY.

Dr. C. C. Stephenson, Little Rock, Ark.;

Dear Doctor:—At the last meeting of the First Councilor District Medical Society, Dr. W. W. Jackson, of Jonesboro, was elected president, and Dr. Thad. Cothern, of Walcott, vice-president.

Our next meeting will be held in Osceola, Tuesday, October, 9, 1906.

Will send you program later.

Yours truly,

OLIVE WILSON,

Secretary.

The Journal will be glad to have you send the program in time for publication.

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MISSISSIPPI COUNTY MEDICAL SOCIETY.

At a meeting of the Mississippi County (Ark.) Medical Society, held at Osceola, the resolution concerning the \$5.00 fee for insurance examinations was amended as follows:

Resolved, That the members of this Society collect the *whole* fee direct from the company, and that we *will not* accept the fee or any part of it from the agent.

This amendment was passed unanimously.

OLEANDER HOWTON, M. D.,

Acting Secretary.

July 17th, 1906.

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MEDICAL ASSOCIATION OF THE SOUTHWEST.

When the State Associations of Missouri, Texas, Kansas, Arkansas, Oklahoma, and Indian Territory met this summer, each one endorsed a movement looking toward the consummation of the idea expressed at a late meeting of the American Medical Association,

which was to divide the United States into groups or districts and organize in each a district association which would stand in the relation of an ally to the A. M. A. Each state appointed a committee of five to act on this committee. Monday, July 16th, at 10 a. m., the committee met in parlor S, Midland Hotel, Kansas City, and organized by electing Dr. J. F. Lutz, of St. Louis, temporary chairman, and Dr. F. H. Clark, of El Reno, Okla., temporary secretary. A lengthy discussion regarding the necessity for such an organization was taken part in by every one present.

The following members were present:

Drs. J. E. Gilcreest, Gainesville, Tex.; T. E. Holland, Hot Springs, Ark.; J. A. Lightfoot, Texarkana, Ark.; J. B. Bolton, Eureka Springs, Ark.; C. E. Bowers, Wichita, Kas.; Geo. M. Gray, Kansas City, Kas.; M. F. Jarrett, Fort Scott, Kas.; H. L. Alkire, Topeka, Kas.; Frank J. Lutz, St. Louis, Mo.; Chas. Wood Fassett, St. Joseph, Mo.; Jabez N. Jackson, Kansas City, Mo.; B. F. Fortner, Vinita, Ind. Ter.; A. L. Blesh, Guthrie, Okla.; and F. H. Clark, El Reno, Okla.

A large amount of routine business was attended to, the name chosen being "The Medical Association of the Southwest." The meeting is to be an annual one, to be held in the fall, and the initial meeting at Oklahoma City early in October. The exact date is to be fixed as soon as possible. The Committee on Constitution, which consists of Drs. Jackson, Bowers, Gilcreest, Lightfoot, and Blesh, were instructed to draw up declaration of principles to be presented to the committee and a constitution to be presented to the general meeting of the association. The following is the declaration:

To the Medical Profession of the Southwest:

By virtue of the authority delegated to us by our several state associations, to consider the advisability of the organization of a medical association of the Southwest, and to define its purposes, scope and sphere of action, we, your committee, in pursuance of such instruction, this day met, and beg leave to submit the following conclusions: that the time is now opportune for the formation of a medical association of the Southwest, and respectfully urge that in consideration of the fact that in the territory comprised by the States of Missouri, Kansas, Arkansas, Oklahoma, Indian Territory, and Texas, are engaged in the active practice of the profession of medicine, between 15,000

and 20,000 of as bright and intelligent physicians as can be found anywhere; who, because of the natural limitations of the State Association, on the one hand, and the magnitude of the American Medical Association on the other, lack the proper opportunity for the full development of their powers, that the formation of an association of the above mentioned states will materially aid in developing this latent talent, and thus advance the standard of scientific medicine in the whole Nation.

We believe that the membership of this association should be limited to those members of the profession who are in good standing in their respective State Associations.

We believe that an association of this kind will satisfactorily fill the present existing hiatus between the State Associations on the one hand, and the A. M. A. on the other, occupying a field peculiarly its own, adding increased effectiveness to the work of the one, and at the same time training talent to adorn the other.

We would respectfully call the attention of the profession of the great Southwest to the fact that this step is in harmony with the idea expressed at the late meeting of the A. M. A., and in its constitution (Sec. 7) of dividing the United States into districts, so as to make its work more effective and more truly representative of the whole body of the profession of the United States.

We would especially call the attention of the profession to the fact that this association is not to be organized in opposition to, but rather in harmony with all existing regular associations.

We recommend that the name of this organization be The Medical Association of the Southwest.

We invite the careful consideration of the medical profession of the states above mentioned, to the reasons given herein, and if they meet with their approval, extend a cordial invitation to them to join with us in making this, as it of right should be, one of the strongest working medical bodies in the United States.

A. L. BLESCH,
JABEZ N. JACKSON,
J. A. LIGHTFOOT,
J. E. GILCREEST,
C. E. BOWERS,

Committee.

After the adoption of the Declaration of

Principles, which was unanimous, the committee completed the temporary organization by electing Drs. J. T. Wilson, Sherman, Tex.; Marin King, Texarkana, Ark.; P. S. Mitchell, Iolo, Kas., and C. S. Bobo, Norman, Okla., temporary vice-presidents, and Dr. H. C. Todd, Oklahoma City, chairman of the Committee of Arrangements.

A committee on program was appointed, consisting of Drs. J. E. Gilcreest, H. K. Alkire, J. D. Bolton, F. J. Lutz and F. H. Clark.

The program committee was instructed to provide a program for two days, and to divide the work into sections. Dr. H. L. Alkire, chairman of the section on Eye, Ear, Nose and Throat; Dr. J. E. Gilcreest on Surgery, and Dr. J. D. Bolton on General Medicine.

A Committee on Publication was appointed, as follows: Dr. Chas. Wood Fassett, St. Joseph; Dr. T. E. Holland, Hot Springs; Dr. M. F. Jarrett, Fort Scott; Dr. M. M. Smith, Austin; Dr. A. L. Blesh, Guthrie. This committee will make a report at the first meeting, and a recommendation as to the best method of publishing the transactions of the associations.

The secretary was instructed to send a copy of the Declaration of Principles to every physician eligible to membership in the states comprising this district, and urge them to attend the initial meeting.

A rising vote of thanks was tendered Dr. Jabez N. Jackson for his efforts in behalf of the new organization, and for his generous entertainment of the committee, after which the committee adjourned to meet on the evening preceding the first meeting of the association at Oklahoma City.

F. H. CLARK,
Secretary-Treasurer.

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ITEMS FROM BOONE COUNTY.

The Boone County Medical Society met in Harrison, Arkansas, on July 3. Present: Dr. Chas. M. Routh, Pres.; J. R. Potts, V. P.; A. J. Vance, Lib.; F. B. Kirby, Geo. F. Kirby; Geo. F. Elam and L. Kirby. Dr. Geo. F. Elam and Swartz Baines were elected members. Dr. L. Kirby read a paper on "Hardaway's Disease, With Report of Case."

Dr. A. J. Vance related case of Ectopic Pregnancy.

Dr. Chas. M. Routh related case of Con-

genital Tumor of Forehead of Infant.

Dr. Geo. F. Elam related plan of treatment of Granulated Eyelids.

We understand two of our licensed one-course medical students went to the Decker College, and after about a two-months' stay secured a diploma. If people licensed or unlicensed would post themselves by reading the report of Councillors Corn, Smith, Fink and Dibrell on pages 67 to 70 of the Transactions of the Arkansas Medical Society, of 1904, they certainly would not set a very high estimate upon a diploma emanating from that school. At any rate Boone county proposes to stick to the by-laws of the Arkansas Medical Society, chapter XII, section 5, and not admit such graduates to membership.

Those who want a diploma do not have to go out of Arkansas to secure one from a school that will admit to membership in any regular county society in the United States. Such a school is the Medical Department of the Arkansas University at Little Rock, Ark. Of course, provided the holder of the diploma has the moral and other qualifications.

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CONSUMPTION THE BANE OF THE AMERICAN NATION.

Read by Dr. J. J. Johnson Before the Randolph County Medical Society, April 18, 1906.

When we stop to think of the number of deaths caused by consumption each year, then consider the number of people who die of other diseases, who have tuberculosis in some of its many locations, forms and stages, which act as a remote or contributory cause of death, it then becomes an important and bounden duty of every physician to recognize the disease early, also those that are likely to become tuberculous. Among the factors contributing to the latter class first and prominent stands a predisposition in the way of heredity in nearly half the cases having a family history of consumption. Then follow families in which there is manifested a neurotic or nervous impairment, or anything that has a tendency to impair the brain or break down the nervous system. In nearly every case of consumption coming under my care the nervous symptoms almost masked all other symptoms in the early beginning of the disease, and anything that preys upon the mind or undermines the nervous system greatly predisposes to consumption. Great financial loss, or trouble, dis-

appointment in love or business, are often rapidly followed by consumption. The Indian who would often pine away and die, after disappointment in love I think was only an example of a class of cases of consumption mentioned above. As to its prevention, I suggest that the entire laity be made thoroughly acquainted with its symptoms and causes, through the press, thereby educating them sufficiently to enable them to intelligently recognize the disease in its earliest stages, so that they may bring themselves to the notice of the profession early, with a greater chance of recovery, and before it has had so great an opportunity to spread to other individuals.

I shall now discuss the curability of the disease, by first quoting Dr. Lawrence W. Flick in a circular, issued by the Illinois State Board of Health, in which he says that tuberculosis can be successfully treated anywhere; that climate has practically nothing to do with the matter. The first treatment that very forcibly attracted my attention, was that of T. J. Mays M. D. of Philadelphia Penn., published in 1900, in which he cured eighteen out of forty cases, of which seven were incipient, eighteen advanced and fifteen far advanced. His treatment was rest, food, strychnine, and counter irritation, over the vagus in the neck. Of the last only I desire to speak, which consisted of five minimum injections of a two and one-half per cent. solution of nitrate of silver just under the cutaneous covering over the vagus, at intervals of a week or ten days, preferably on the side of the affected lung. I have used this injection twice and it produced such stubborn ulcers it took about a month to heal one and three months to heal the other. I would like to use this treatment if it were not for the objection mentioned above, as I believe it to be of great benefit. I believe this when used should be injected between the layers of skin and not beneath it, and two or three minims produce sufficient irritation. I injected five minims in each case, but some of it escaped, not over three minims remaining. I have thought of using some other form of counter irritation over the vagus, cantharides, iodine or oleum tigllii.

My treatment thus far has consisted of plenty of nice, easily digested food of all kinds, and as much open air life as possible. The medical part of the treat-

ment has been principally of a prescription containing the following:

Quinine Sulphate, gr. 2;
Gentian Ex. gr. 1;
Ferri Radaeti, gr. 1-2;
Nucis Vom, gr. 1-6;
Acid Ars, gr. 1-50;
Phosphorus, gr. 1-200;
Capsicum Oleores, lc. q. s.
Make one pill.

The iron, nux and arsenic, in varying proportions, to be used according to individual tolerance. I believe in preparing the digestive organs for the food, and not digesting the food for the organs. Of the entire twelve cases treated in the last three years none have died that I know of. The history of the four cases still remaining under observation are as follows:

Case No. 1: Mr. M. White, age 47, with a family history of consumption, several of whom had succumbed to the white plague, was confined to his room, and had been during the most of the winter and spring of 1903, at which time I took his case. His temperature ranged all the way up to 103 F; night sweats; cough; expectoration; pulmonary hemorrhages, and great emaciation. He has been free from fever nearly two years. He has some little cough yet; but weighs more than he has for ten years, and follows his usual vocation.

Case No. 2: Mr. B., age 50, white, with a consumptive history in the family, has had consumption for about four years, two of which being spent in New Mexico, where he grew worse all the time, returning to this State in March, 1905, placing himself under my treatment on the 30th of the same month and continuing under said treatment until now, without any material benefit, which I largely attribute to his habit of remaining in doors, only being in the open air long enough to go to his meals.

Case No. 3: Miss Y., age 18. Came to me in the fall of 1903 in the incipient stage, with a family history of consumption. She was discharged as cured after two months treatment. She still remains in the neighborhood, the picture of health, and works every day.

Case No. 4: Mrs. R., age 20. Mother of one child with plenty of consumption in the family; was in bed from April till June, 1904, her symptoms being that of a case of quick consumption. She was

placed under treatment May 11, 1904, at that time having a large cavity in the upper portion of right lung. Was out of bed in less than three weeks, gained flesh rapidly, and since the beginning of 1905, has done nearly all of the house work for her father's large family and several hired men. Respiratory murmur fairly good, and one or two pounds above her normal weight and romps and plays like a girl.

—X— SUCCESS.

Paper read before the Pulaski County Medical Society by Dr. R. L. White, Little Rock.

Mr. President and Gentlemen of the Pulaski County Medical Society:

It is manifestly impossible to lay down any set of rules by which any individual may become successful. Ordinary business principles, as applied to successful men generally, in the affairs of life, are to be commended. To be prepared for business when it comes, and to make the most of one's opportunities, is about all one can do to legitimately build up and maintain a lucrative practice of medicine.

The term "Success" is relative, after all, and whether a man be a success or a failure, depends upon the standard adopted by the classifier. At the time of the crucifixion, Pontius Pilate was considered a success, and Jesus Christ a failure. So much for the opinion of contemporary man, which in most things was worth as much then as now.

God never ordained that all men should be equally successful; for in such an event the words success and failure would become obsolete, and the decayed scum of inactivity settle over the waves of human endeavor. But of the success of the profession as a whole, something may be said; for if a doctor of medicine is to have time and inclination to pursue his scientific studies as he should, and do his duty by his clientele, he must needs be free from anxiety as to last month's grocery bill and next month's office rent.

Limiting the scope of our remarks to the profession at Little Rock, we may well pause to consider the condition of the profession, as a whole, in this city. A few men are making money, many more are making only a living. Quite a number are doing neither. This condition of affairs is both deplorable and inexcusable. It is deplorable, because it is true. It is inexcusable, because it is unnecessary.

Is the aggregate amount of money collect-

ed by the medical profession of Little Rock not woefully disproportionate to the service rendered? If this is true, where lies the fault, and what is the remedy?

The fault and remedy are both suggested to my mind by this motto of the great state of Kentucky, "United we stand, divided we fall." There is not that co-operation among the profession of this city that there should be. True, we are organized into a County Society, but there is a vast deal of difference between a real union, and an organization like ours, composed of nearly as many discordant elements as it has members. In many cases, our real relationship is hidden behind a mass of petty diplomacy, that is ludicrous to the same extent that it is insincere.

We are suspicious of each other, and of each other's motives. Personal grievances (usually imaginary) have in some instances lain dormant for years, and, because unexpressed, have corroded and eaten until personal ill will is the result. If these suspicions exist, are they justified by the facts? I think not. I claim the medical profession of Little Rock, in the aggregate, is composed of as high minded a set of gentlemen as can be found in any profession, anywhere.

The troubles of which I complain are in nearly all instances the outgrowth of misunderstandings, which have remained uncorrected and unexplained, because the parties involved are not personally well enough acquainted to meet as friends and talk the matter over.

The remedy then, is for the profession to get together to become personally and genuinely friendly. This will never be brought about under the refrigerating influence of formal meetings held twice a month. I suggest that informal meetings be held at stated intervals, that we warm up by doing the "Munchausen act" about any subject except medicine and allied topics, which shall be tabooed. That we all take a "chaw of tobacco from the same plug," the editor of the JOURNAL included.

These informal meetings will tend to harmonize sentiment and indirectly result in great good to the Society itself. Should they ultimately result in the formation of a Physicians' Club, it would be "a consummation devoutly to be wished for."

A celebrated French physician on being

asked by a grateful patient for the name of the remedy which had relieved him of his suffering, is said to have replied: "My dear sir, you must know that every profession has its secrets. Were it not so, there would be no professions. I am sorry that the names of my remedies are secrets, which I do not feel at liberty to divulge to anyone but my fellow practitioners."

Doctors in general, and especially young practitioners, are prone to deliver clinical lectures at the bedside of each patient. This is done to exploit his own greatness, and needless to say, when he takes his departure, the household knows as much (or more) about his case than he does himself.

From this custom has grown the dangerous practice of patients prescribing for themselves, with the assistance of the druggist. From self-interest, if from no higher motive, we should frown upon this nefarious and petty system of advertising.

I suggest the propriety of the Society protesting against the form of advertising wherein remedies are exploited in the form of an alleged interview with the local druggist, who gives the weight of his name (if it has any) to create a demand for a nostrum in the community.

Druggists who countenance such a perversion of facts, to the detriment of the medical profession, should receive no consideration from our hands, individually or collectively.

I wish to enter a protest against the "Lodge practice" evil that is abroad in the land.

If the constitution makes it impossible to eradicate this evil (as has been alleged), it is time the constitution were being "doctored for lameness in the knees and weakness of the backbone."

I have too much reverence for our organic law, however, to believe that if it is correctly interpreted, it can be made to shield so indefensible a thing. No man can have higher regard for our Board of Censors than I, the members of which without exception, I esteem as personal and professional friends. But the idea that this society can not eradicate an evil of this kind within its own ranks, is an acknowledgment of weakness to which I can not give assent.

That it is an evil can not be successfully controverted. It is an evil, because:

1. It cheapens and belittles the profession

to whose allegiance all right thinking doctors are committed.

2. It is an evil because it shows a lack of appreciation of the rights of others.

3. It is an evil because it is the outgrowth of selfishness.

4. It is an evil because it diverts practice from its legitimate channels.

5. It is an evil because the doctor who holds the contract gets money that would otherwise be distributed among us, as a just remuneration for services rendered.

6. In its last analysis it is evil because carried to a finality it kills competition and sounds the death knell of medicine as a respected profession and puts it on a commercial standing with "selling peanuts and blacking boots."

Mr. President and Gentlemen, I am sorry that someone else must read this paper. It is crude, and I disclaim for the reader any sympathy for what is said; but the views herein given are my views, honestly expressed. I hope the discussion will be equally free."

The editor of the JOURNAL agrees with our good friend Dr. White in all that he says in this paper, save in two instances. This has been our doctrine for years. If our members will take the trouble to look over their files of the Bulletin of the Arkansas Medical Society, they will find that all along we have advocated, yea, pleaded for the social side of our beloved profession. Get together informally in the way that our great A. M. A. intended as is provided by the creation of a committee on Social Entertainments and Refreshments. These meetings should be quarterly and our ladies should attend with us. When our members realize the needs of such meetings, it will be no trouble to provide for and install them. Then, and not until then, shall we ever know and understand one another.

We do not know why Dr. White has singled us out to take a "chaw off the same plug," and of course we do not feel "hit" because we do not "chaw," having quit the filthy habit nearly ten years ago, and, as St. Paul says: "If it be possible, as much as lieth in you, live peaceably with all men, which by God's help we do." We long for the time when we shall see Dr. White's ideas prevail.

CORRECTION.

St. Louis, Mo., August 3, 1906.

Journal of the Arkansas Medical Society,
Little Rock, Ark.:

Gentlemen:—Our attention has been called to a publication in your journal of a reprint from the California State Journal of a medicine, in which you include our name in the list of proprietary manufacturers who belong to the Proprietary Association of America. We beg to inform you that we have not been a member of this association since the antagonism arose between this association and the American Medical Association, and it is damaging to us to have this impression prevail, and we hope that you will see fit to place us in a better light before your subscribers.

Yours truly,

CYSTOGEN CHEMICAL CO.

The Journal of the Arkansas Medical Society does not intend to do anyone an injustice, and we cheerfully give this letter space that the error complained of may be corrected. Our information in reference to the alleged membership of the Cystogen Chemical Company in the Proprietary Association of America, is from the president of the Association of State Medical Journals, Dr. Philip Mills Jones, editor of the California State Journal of Medicine. The article above mentioned containing this information, was published by Dr. Jones and republished by this journal. We feel sure that Dr. Jones will be as glad to correct this error as the Journal of the Arkansas Medical Society is. We particularly note that the Cystogen Chemical Company is quick to grasp the fact that the impression that they are members of the Proprietary Association is damaging to them. This admission is one conclusive proof that the Association of State Medical Journals have not labored in vain. We are glad to note also that they propose to be in harmony with the profession, and for this they are to be commended.

Trusting that this will be a sufficient explanation and correction, we bespeak for the company that consideration that is due them.

COMMITTEE ON MEDICAL LEGISLATION.

To the Members of the National Auxiliary Legislative Committee of the American Medical Association:

The adjournment of Congress affords a natural opportunity to thank you individually and in the aggregate for the great assistance you have rendered in promoting national legislation of special interest in the medical profession.

THE PURE FOOD AND DRUG BILL A LAW.

The Pure Food and Drug Bill, which has been an object of solicitude by the entire medical profession for many years, is at last a law. This end has been reached largely through the influences that you have actively exerted either directly or through your neighbors, on your representatives in both branches of Congress. You will be interested to know that on the days when this bill came up for final consideration in the Senate, in February, and in the House, in June, the formal petition of the American Medical Association, accompanied by an official letter of transmittal, was delivered on the desk of each member of the respective houses. Now, however, that the long fight is ended, it is incumbent on us to extend cordial recognition to those who espoused the interests of the people. You will, therefore, do a gracious act if you will write a letter of appreciation to Hon. W. B. Heyburn, and to Hon. W. P. Hepburn, champions of the bill in the Senate and House, respectively, and to such of your representatives and senators as supported the measure on its passage.

STATUS OF THE ARMY MEDICAL BILL.

The Army Medical Reorganization Bill passed the Senate early in the year and, after considerable delay, was favorably reported from House Committee on Military Affairs, Mr. John A. T. Hull (Iowa), chairman. As the session just ended was drawing to a close many requests, some of them telegraphic, were sent by members of your committee to the Speaker, urging that the measure be given final consideration before adjournment. The Speaker stated, however, that at that late date it would be impracticable to issue a rule for its consideration, but promised to submit it to final vote early in the next session, which will begin the first of December of this year. The concession on the part of the Speaker is recognized as substantial progress. You are urged, however, to interview your repre-

sentative, and to have others interview them personally, during the present recess, requesting them to insist through the committee on rules, on a prompt compliance on the part of the House with the foregoing promise of the Speaker.

THE PROPOSED DEPARTMENT OF PUBLIC HEALTH.

The representations made by you on behalf of the medical profession of your respective localities that there ought to be a department of public health at Washington, with representation in the cabinet of the President, was formally approved by the National Legislative Council and the Committee on Medical Legislation in conference at Washington last January. The action was confirmed by the House of Delegates at Boston, in June, which directed that \$1,000, or so much of it as might be required, be appropriated to defray the expense of preparing a bill. The section on hygiene and sanitary science at the same meeting, adopted the following:

Whereas, The rapidly increasing number and the scope of the sanitary problems constantly arising are of great importance to the growth and development of this country as well as its outlying dependencies; and

Whereas, Such problems require for their solution the most experienced and best trained sanitary talent, it follows that it is especially desirable that our Chief Executive have in his immediate presence a medical adviser, eminent and experienced in sanitary science, to counsel him at all times and thus lighten his responsibility in deciding on matters of far-reaching importance which so profoundly affect the lives and health of many millions of people for either good or ill; therefore, be it

Resolved, By the Section on Hygiene and Sanitary Science of the American Medical Association that we ask the House of Delegates to take immediate and appropriate action which may bring before the Congress of the United States, as a means of materially advancing the prosperity and well-being of this nation, the importance and necessity of creating a Department of Public Health, with a regularly-educated physician as secretary in the Cabinet of the President.

Resolved, Further, That the Secretary of this section be authorized and directed to call the attention of all state boards and health commissioners of the larger American cities to the purport of these resolutions and to solicit their active co-operation to the end that suitable legislation may result in the furtherance of the object of the resolution.

It is expected that provisions in accordance with the foregoing action of the House of Delegates will be made so that the bill, properly prepared, can be introduced at the next session of Congress.

In the meantime it is of the highest

importance that you interview and have others interview members of the present Congress from your respective districts relative to this prospective measure, and that you ascertain as definitely as possible the position on the question of all candidates for election to the next Congress, and that this be done before the nomination.

REMAINING MEDICAL LEGISLATION.

A number of other bills, all of them of importance, but all of them secondary to the measures before enumerated, were approved by the National Legislative Council, and are pending in Congress. It may be said of them that they have made satisfactory progress. They have been made the subject of general referenda as occasion required. There is, however, at the present time, no occasion to make them the subject of especial referendum.

Again thanking the members of the National Auxiliary Legislative Committee for the cordial co-operation—a co-operation without which present results could not

have been achieved, I have the honor to be, on behalf of the Committee on Medical Legislation,

Very sincerely,

CHARLES A. L. REED, Chairman.

—X—

MISSISSIPPI COUNTY MEDICAL SOCIETY.

The Mississippi County Medical Society, of which Dr. Thomas G. Brewer, of Osceola, is Secretary, had on its program for the April meeting the subject of the "Anatomy and Physiology of the Uterus and Its Appendages," with one of its members acting as quiz master, and the others studying and writing upon this important subject. The third number upon the same program was the discussion of the question: "Is the Country Physician an Ignoramus?" a review of some editorial discussion in various medical journals. It would be interesting to know at what conclusion the Society arrived.—Councilors Bulletin.

Will Dr. Brewer please give the Journal this information, that we may enlighten our brother of the "Windy City."



BOOK REVIEWS

CARRS' PEDIATRICS. The Practice of Pediatrics by Eminent Authorities. Edited by Walter Lester Carr, M. D., Consulting Physician to the French Hospital; Visiting Physician to the Infants' and Children's Hospital, New York. In one very handsome octavo volume of 1014 pages, with 188 engravings and 32 full page plates in colors and monochrome. Cloth, \$6.00, net; leather, \$7.00, net; half morocco, \$8.00, net.

In the arrangement of this volume more space than usual has been allotted to infant feeding, diseases of the alimentary tract, disorders of nutrition, respiration, and circulation, and to contagious diseases, the object being to describe the conditions most intimately associated with disease in children and not those which are more common in adult life and found rarely in childhood. In some sections extra space has been given to methods of diagnosis which are now regarded as essential by physicians who wish to be exact in their work, but the details of which are not readily accessible elsewhere. On the other hand, mooted pathological questions have been omitted, and the pathology stated by each author is limited to what is regarded as essential for a comprehensive knowledge of the disease with which it is associated.

Under the able editorship of Dr. Carr this great fund of information has been arranged most conveniently for reference and study; over-lapping and repetition, so frequently found in composite books, has been avoided, and the volume furnishes a veritable encyclopedia of our present day knowledge in Diseases of Children, charmingly written and rich with the finest examples of the illustrator's art.

It is manifestly to the advantage of every physician to have this entire series of three volumes at hand, but the publishers, having in mind the convenience of those who are interested in one or two individual departments, have issued each volume as a separate book, complete in itself, and either volume of the series may be purchased separately.

The completing volume of the series

(Peterson's Obstetrics) will be published in August.

The Journal recommends this work to our members. Order of Lea Bros., Philadelphia, Pa.

TRANSACTIONS OF THE FLORIDA MEDICAL ASSOCIATION 1906. 225 pages; paper cover.

A perusal of this year's meeting shows that Florida has a wide awake Society, and a splendid secretary. Their meeting was held April 18, 19 and 20, and their transactions received July 20. The Florida Medical Society will do well to retain their present publication committee.

URIC ACID. The Chemistry, Physiology, and Pathology of Uric Acid, and the physiologically important pus in bodies, with a discussion of the metabolism in gout. By Francis H. McCrudden, M. D. Price, \$3.00 cloth; \$2.50 paper. The Fort Will Press, Samuel Usher, publisher, 178 High street, Boston.

This volume is a scientific treatise on uric acid. It is well written, and while it would, perhaps, serve the pathologist much better, yet it is to be commended to any one in the "rank and file" of the profession who desires to know more of uric acid. The book has the stamp of much original research, and the author has done his work admirably.

ECZEMA. By Samuel Horton Brown, M. D., Assistant Dermatologist Philadelphia Hospital, Dermatologist Southern Dispensary. Univ. Hosp. Disp., etc. Price \$1.00. P. Blakiston's Sons & Co., publishers, Philadelphia, Pa.

This little book is a treatise on this disease, and is filled with prescriptions for the various forms of eczema. It is well written, and should be in the hands of the general practitioner.

COMPEND OF PHARMACY. By F. E. Stewart, M. D., Ph. G., formerly Lec-

turer and Demonstrator of *Materia Medica* and Pharmacy Jefferson Medical College, Medico-Chirurgical College; Quiz Master in Chemistry and Pharmacy Philadelphia College of Pharmacy. Price, \$1.00. P. Blakinston's Sons & Co., publishers, Philadelphia.

This little book, while well written, is entirely too much on the text book order for a compend. Our idea of a compend being: a fact, a truth; told in the shortest and plainest possible manner. Yet the author has done his work well in every other respect.

A COMPEND ON OPERATIVE GYNECOLOGY. By William Seaman Bainbridge, M. D., Adjunct Professor of Operative Gynecology on the Cadaver, New York Post-Graduate Medical School and Hospital, etc., compiled with Additional Notes in Collaboration with Harold D. Meeker, M. D., Instructor in Operative Gynecology on the Cadaver, New York Post-Graduate Medical School and Hospital, etc. Cloth, 76 pages; price \$1.00, net. The Grafton Press, publishers, New York City.

This work, while particularly suited to the needs of post-graduate students operating on the cadaver, will be found of distinct value to the busy gynecologist.

A distinctive feature is the chapter on

Exploration of the Viscera. Considered as a whole, it is a splendid little book.

CLINICAL BACTERIOLOGY AND HAEMATOLOGY. By W. D'Este Emery, M. D., B. Sc. Lond. Clinical Pathologist to Kings College Hospital and to the Children's Hospital, formerly Assistant Bacteriologist to the Royal College of Physicians and Surgeons, and sometime Lecturer on Pathology and Bacteriology in the University of Birmingham. Price, \$2.00. P. Blakiston's Sons & Co., Philadelphia.

This work, of 240 pages, is a veritable storehouse of bacteriological and pathological knowledge. It is complete, comprehensive and up-to-date.

A COMPEND OF MATERIA MEDICA, Therapeutics and Prescription Writing, with Especial Reference to the Physiological Action of Drugs. By Samuel O. L. Potter, M. D., M. R. C. P., Lond. Formerly Professor of the Principles and Practice of Medicine in the Cooper Medical College, San Francisco. Author of *Materia Medica Pharmacy*, etc. Revised and enlarged. Price, \$1.00. P. Blakiston's Sons & Co., Philadelphia.

For the student this compend is all that could be desired, fulfilling the most exacting demands.



THE JOURNAL

OF THE

Arkansas Medical Society

VOL. III

LITTLE ROCK, ARKANSAS, SEPTEMBER 15, 1906

No. 4

Papers Read and Discussions on Same

Before the Arkansas Medical Society, Hot Springs, May 8-10, 1906.

SECTION ON OBSTETRICS AND GYNECOLOGY.

WEDNESDAY MORNING, MAY 9, 1906.

CHAIRMAN'S ADDRESS.

Mr. Chairman and Gentlemen of the Section:

I am deeply grateful for the honor conferred when I was made Chairman of this section, a section second to none in importance, since it conserves the interests of society and state at the very threshold of life, while at the same time it guards the health and well-being of womanhood during the most important years of her sexual existence.

The year has not been epochal so far as any advances in the obstetric art are concerned. The brilliant achievements of modern surgery have lured the profession away from other fields so that the accoucheur's art, if not a lost art, is somewhat a neglected one. While the year has not been productive of any great discovery, still there has been substantial progress all along the line. The great body of professional workers is becoming more thoroughly grounded from year to year in the far-reaching importance of asepsis, absolute obstetric as well as surgical cleanliness. Careful, painstaking attention to the details of cleanliness has rewarded the conscientious physician with fewer cases of sepsis and all septic sequelae.

During the year 1905 much was written about eclampsia, and yet the true pathology of this disease is little better understood than it was ten years ago. The toxin of eclampsia still eludes our grasp.

In gynecology we do not stand today where we stood a decade back. The gynecologist has been succeeded by the abdominal surgeon.

Pessaries, tampons, Churchill's tincture, et cetera, are largely things of the past. There is a growing conservatism in the profession as regards the wholesale sacrificing of ovaries, tubes, etc. The reckless and needless mutilation of a decade ago has been succeeded by a wise conservatism. The surgeon of today is careful to preserve every healthy uterine

appendage even if the uterus itself must be removed.

I will not ask your indulgence further. There are a number of scientific papers on the program, and I yield the floor to these. We all remember the delightful meeting of 1901 in the "City of Vapors." Hot Springs and Garland county are royal entertainers, and I have no doubt a good time is in store for every one of you.

—X— CASES OF VERSION.

(By Dr. M. G. Thompson, Hot Springs.)

Mr. President and Gentlemen.

I have no inclination to rehearse all my cases of version, for version is an ancient practice recommended by Hippocrates, and all of you are very familiar with its technique, but I had recently three cases that were such a surprise and gratification to me, is my apology for their report. I saw a multipara a few minutes after the rupture of the membrane with hand of child in vagina and at the conclusion of a pain I folded the arm and pushed it up to prevent the shoulder from coming down into the pelvis until I could get chloroform. I made firm pressure for twenty minutes or more, then withdrew the hand and chloroformed the patient, and on re-examination I found spontaneous podalic version had taken place, the breech well down into the vagina, and in a few minutes a live child was born, and within thirty-five minutes from my entering the house. The next patient was a counterpart of this first one, only the patient had tuberculosis, much emaciated, with high fever, and was delivered within thirty or thirty-five minutes. The third patient, thirty-one years old; eight months with first pregnancy; bowels much constipated, with general dropsical effusion; had convulsions. I saw patient twenty-four hours from first convulsion, temperature 100. Convulsions subsided, patient put on train and removed 200 miles to get her here to the hospital, and she did well for two days; then the convulsions returned, most distressing in character. I examined os and found dilatation as large as a dollar. I dilated vagina and os with my hand, the

dilating provoked expulsive pains, also convulsions. I tried to adjust the forceps at superior strait, but the convulsions and insufficient dilatation prevented.

I then decided to turn, but every effort provoked such expulsive pain I feared killing the patient by rupture of uterus or the intensity of the convulsions. I could not get my hand through the os, so, to prevent the head coming down until I could dilate the os to get my hand through it, I pushed the head up until the cheek of the child was on the point of my fingers, and held it in this way for some minutes, until my hand was exhausted, and then removed it and bathed it in warm water to restore it to its normal condition. I re-examined the patient and found breech presentation. Could reach the groin with my finger, brought the foot down and delivered in usual way. If I had not decided on the necessity of haste in delivery I would have waited for nature to have terminated the labor. You see from these reports, gentlemen, that I was trying to avoid complications rather than establish a new procedure in version. The history of spontaneous version is as old as the history of obstetrics, but we have never discovered how easy it is to assist nature, or, rather, to provoke nature, to make spontaneous version.

These cases are a very limited number upon which to base an opinion, but my observation in these cases, taught me that by steady pressure, preventing the shoulder from entering the pelvis, in each case spontaneous version could be produced. That pushing the head up and retaining it produced version in the same way, and time. I believe version in this way is less dangerous to child and mother, and more easy for the doctor to accomplish. I think all of you will agree that if you are going to make a version, that it is better to push the presenting part up with steady pressure and see if you won't cause nature to make the version. That this procedure does not add to the danger of the mother or the child. I turn to Dr. Edgar's *Obstetrics*, 1905, to see who had preceded me in this practice, and found the following notation:

"Dr. Frank P. Foster, of New York, operated in such a case by using the prolapsed arm as an aid to a version. The presentation was a shoulder, and the position right scapula anterior with the left arm prolapsed into the vagina. With the right hand in the vagina, Dr. Foster grasped the arm, and using it as a kind of handle, gently pushed upward in the direction of the humerus. The shoulder and cephalic pole of the fetus were thus elevated, and with the index finger in the cervix the breech was reached and pushed in the direction the head had taken until the leg was recognized and brought down."

Dr. Dunavant: I think the paper is a very valuable one and of too much importance to be passed by without discussion. I am in hopes that some of those present having wider experience in obstetrics will thoroughly discuss it. My practice has been right along in line with Dr. Thompson's. There is no doubt that a little judicious manipulation if often

highly advantageous and in a great many of these old, long delayed obstetric cases, we can terminate labor very easily and save time and suffering for the mother and child. I am satisfied that Dr. Thompson is correct. Edgar and others who have been writing on the subject, recommended the same procedure, and give cases wherein about the same method of manipulation that Dr. Thompson mentions has been used successfully. I believe he is right.

In closing, Dr. Thompson thanked Dr. Dunavant for his favorable comment and then briefly reiterated and emphasized the main points in his paper, explaining the practical application and results to be attained.

—X—

HEMORRHAGE FROM UTERUS DURING GESTATION.

(By Dr. J. T. Clegg, Siloam Springs.)

A hemorrhage from the uterus during gestation may be from the cervix or from the body of the uterus. When from the cervix, unless due to malignant ulceration, it is usually slight, causing but little inconvenience, and creates no occasion for alarm or anxiety; but when coming from the uterine cavity from whatever cause, frequently endangers the life of the mother, and always imperils that of the ovum, or foetus.

Interuterine hemorrhage occurs oftenest at or near the third month of gestation; a large per cent. of cases result in complete abortion. Now and then abortion does not take place, and gestation will proceed until sometime during the latter weeks of pregnancy, when the hemorrhage will recur and can be mistaken for placenta previa, as the following case will illustrate:

Mrs. Y., primipara, age 24, gives a history of having hemorrhage about three months after cessation of her normal menstrual period. This continued several days, but was controlled at the time, pregnancy going on without accident until the completion of the eighth month, when she felt pain, and a free hemorrhage followed, increasing with each pain. There was no dilatation of the os. I thought I had a placenta previa to deal with, but in this I was mistaken. As soon as dilatation was accomplished the blood ceased, and a badly nourished dead child was expelled, followed by a hard fibroid appearing afterbirth, scarlike in character, excepting about one-third of its area, which was normal, which, when the uterine contractions began, was separated from the uterine walls permitting hemorrhage.

It is unnecessary to enumerate the many causes of hemorrhage during pregnancy, such as traumatism, tumors and infection, yet there is a predisposing cause that is not often mentioned in the literature of the subject. I allude to a fault in the vascular arrangement of the uterine blood vessels, in other words, to a varicose condition of the uterine and ovarian veins. This condition often exists, as was pointed out by Dr. A. P. Dudley several years ago, and is a frequent source of the overlooked pelvic

trouble, a very frequent cause of dysmenorrhea and menorrhagia.

The very individuals who are pregnant are prone to abort the third month, and after such an abortion there is apt to be prolonged sanguineous discharge in spite of treatment by curettage, astringents, ergot, etc. This pelvic varicocele can be determined in the non-pregnant and even in the early pregnant state, by bimanual examination, and when found to exist, the woman, especially if she has had a previous abortion, should be put in the recumbent position and kept there until the uterus has left the pelvis, when all danger from this cause will be past.

Another problem that confronts a practitioner in dealing with hemorrhage occurring in pregnancy, is the diagnosis of hemorrhage caused by placenta previa, and a hemorrhage caused by a degenerate placenta as in the case reported.

Before dilatation of the cervix a positive diagnosis is impossible; the bleeding comes on with a uterine contraction in both, and the bleeding is in proportion to the amount of placental surface detached, but as cervical dilatation proceeds the bleeding becomes more profuse in placenta previa, and less in detached placenta of the upper uterine zone.

Of course, after cervical dilatation a digital examination can exclude placenta previa. The cause of this condition of the afterbirth is obscure, but is probably due to some defect in the function of foetal nutrition or assimilation. Every ovum is completely developed from its own cells; the mother takes no part in the growth and nutrition of the ovum, including foetus membranes and placenta, except to bathe the chorionic villi in nutrient blood. Therefore, through some perversion or trophic nutrition the chorion, instead of becoming the soft and spongy organ of absorption of food supply for the fetus that characterizes a normal placenta, becomes a hard fibrous mass that is easily detached from the uterine walls resulting in bleeding from the maternal vessels.

The management of hemorrhage from this source, if abundant and pregnancy has gone beyond the fifth month, is to empty the uterus as speedily as possible; if slight, to wait and let the uterus empty itself. Tamponing the vagina in advanced pregnancy would not only be useless but dangerous in this condition. In hemorrhage from placenta previa, when the placenta is central, vaginal tamponage may be very useful if applied sufficiently firm, because in this condition the bleeding uterine surface could be compressed between the presenting parts of the child and tampon. This, of course, would mean peril to the infant, which, however, is not often saved by any procedure.

Hemorrhage occurring in the early months of pregnancy from whatever cause prior to the complete expulsion of the ovum, if copious, is best controlled by vaginal packing, which, if properly done, is always safe and effective.

The material for a proper vaginal tampon must be clean, must be aseptic, must be light, must be elastic, and must not readily absorb fluids. Such a substance is found in common

non-absorbent cotton; cotton wool, as it is known in the market. It is usually put up in rolls like absorbent cotton and sterilized. To prepare a tampon I have found it convenient to cut the cotton into small strips of an inch in width. This can be done quickly with a sharp bread knife, cutting through the entire roll the width desired. These strips should again be sterilized and placed in sealed packages ready for use. I am informed that the cotton wool cut in strips are on the market ready for use. The patient is carefully washed with soap and hot water, followed by a weak bichlorid solution and catheterized; then a large hot weak bichlorid douche is given, after which the woman is placed in the Sims position, the perineum retracted and the strips of cotton wool carefully placed so as to completely fill and distend every part of the vagina to its practical utmost. This kind of tampon has never disappointed me. It may be allowed to remain twenty-four hours and then reapplied if found necessary, but as a rule it will not be necessary, because it has so well compressed the pelvic blood vessels that the uterus, finding itself partially deprived of its blood supply, obeys the law governing irritability of muscular fibre when suddenly becoming anemic, contracts and closes the bleeding vessels, and perhaps expelling anything that may be contained in it.

Absorbent substances make very bad material for a vaginal tampon, because they absorb the fluid of the blood and soon become a wet, hard, unyielding mass that acts as an irritant instead of a compress.

Tamponing the uterine cavity is not often required, but may be if a hemorrhage occurs between four and five months of gestation if the ovum has been ruptured at that period and the fetus has escaped leaving the secundines partially detached. Under these circumstances to attempt to further detach them and empty the uterus would be to risk a fatal hemorrhage. The best course would then perhaps, be to fill the uterine cavity with iodoform or plain sterile gauze, then tampon the vagina with cotton wool. This procedure might, it is true, force blood into the fallopian tubes, but there is no way of dealing with this condition without risk, and blood forced into the fallopian tubes even into the peritoneal cavity, if not septic, does but very little harm.

If, however, the uterus is well filled with gauze and the vaginal tampon well applied the blood supply to the uterus is greatly impeded, but not so much so as it is at an earlier date when the uterus is still within the pelvis, yet perhaps sufficiently so to effectually control the bleeding and effect the complete detachment of the ovum shell. The objections to packing the uterine cavity at earlier periods are: 1st, it is more difficult to do; 2nd, one is more liable to carry infection into the uterus; 3rd, there is more danger of forcing blood into the tubes or even the abdomen; 4th, because it is unnecessary on account of the uterus being still limited to the pelvic cavity. The blood vessels supplying can be so effectually compressed by a vaginal tampon as to almost invariably control any

hemorrhage occurring prior to the end of the third month.

Of course, it is always necessary to empty the uterus, but many times it is not expedient or even proper or safe to attempt to do so during the hemorrhage. The chorion is not detached, or even detachable, the woman is already faint from loss of blood. Under such circumstances any operative attempts to empty the uterus would be unjustifiable or, at least, not the best thing to do, unless there be a complete severance of the ovum from the uterine walls; then it would be proper to curett, using either the finger, if possible, or the blunt or sharp metallic curett. I would not condemn curettage when properly used at the proper time.

Summary.

Hemorrhage during early months or gestation is often due to varicose pelvic veins.

Hemorrhage during the later months of pregnancy, when not caused by placenta previa, is caused by separation of the placenta from the uterine walls.

That antepartum separation of the placenta is due to disease of the ovum.

That tamponing the vagina is an effectual means of controlling hemorrhage occurring in the first twelve weeks of pregnancy.

That the uterus should be emptied as quickly as possible for hemorrhage occurring in the last weeks of gestation.

DISCUSSION.

Dr. Meek: I consider this paper one of the most vital importance of any I have heard before, and it is certainly well presented. I have been engaged in the practice of medicine and obstetrics for more than a third of a century. I began before the days of antisepticism, and I have as much regard for it as anybody, and am a most ardent advocate of antisepticism. But I want to say this in regard to applying the tampon. If you have a case that needs tamponing, and a case in which tamponing is applicable, and the only thing that will stop that flow of the vital fluid that is rapidly going away, don't waste too much time with antiseptics. I remember twenty years ago I read from Ellington Wallace, of Philadelphia, a former teacher of obstetrics there. That was before the days

of antisepticism or asepsis. He said: "Tampon, tampon with anything at hand; tampon with a brickbat, if necessary, if you can't get anything else!" Do not wait while the vital fluid is rapidly flowing away, and the woman is dying upon your hands. Don't wait and take too many antiseptic precautions. Rather run the risk of some sepsis. Where you have plenty of time, be as fastidious as you like. But if the case is one of emergency, don't waste too much time. I remember being called to just such a case as that some years ago. The doctor told me she was in a very critical condition. He sent down to his office to get some absorbent cotton. That caused a delay of twenty or thirty minutes. By the time we got it the patient had died. Her life might have been saved if it had been applied earlier. The longer you wait, the more the woman's vitality is reduced, and the less able are you to carry her through an attack of sepsis if she has it.

There is another thing that I cannot endorse, and that is the vaginal douche of bichloride of mercury preliminary to applying the tampon. Unless there is reason for using the douche I would not do it. Experience has taught me that after a hot douche of any kind the parts are rigid and are deprived of their normal lubricant. Tamponing is much more easily applied without any douche at all. Of course, there might be conditions there that would require it. I use lyson. That does not construct the parts as much as bichloride. I have seen such a statement by some authority that a douche of 1-3000 of bichloride would destroy a great many bacteria that are prophylactic in the vagina, and renders the patient more liable to sepsis than if she had not had any. I say this is a very valuable paper, and, taken altogether, I endorse it.

Dr. Clegg: I have nothing to say only this: That in obstetrical work, it is impossible to be aseptic. That is an absolute impossibility. We are compelled to resort to antiseptics, and I feel much safer when I use every antiseptic precaution in any operative procedure that I do in gynecological work.

Dr. Meek: I do not mean to condemn antisepticism, but I said not to lose too much time in cases of emergency. That is what I mean.



THE JOURNAL

OF THE Arkansas Medical Society

Owned and Controlled by the Arkansas Medical Society with
no Other Proprietary or Business Interests Whatever.

PUBLISHED MONTHLY, Price, \$1.00 a Year in Advance.
Single Copies 10 Cents.

Published on the fifteenth of each month under the
direction of the Committee on Publication.

Entered June 24, 1904, at Little Rock, Ark., as
Second-class Matter, under Act of Congress of July 16,
1894.

All communications to this Journal must be made to
it exclusively. Communications and items of general interest
to the profession are invited from all over the State.
Notices of deaths, removals from the State, changes of
location, etc., are requested.

Our readers are requested to send us marked copies of
local newspapers containing matters of interest to members
of the medical profession. We shall be glad to know
the name of the sender in every instance.

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CHANGE OF ADDRESS.

In ordering a change of address it is important that both
the old and new addresses be given. Change should reach
us not later than the 10th of the month if following issue
is to be forwarded to new address.

REMITTANCES.

Remittances should be made by check, draft, registered
letter, money or express. Currency should not be sent,
unless registered. Stamps in amounts under one dollar are
acceptable.

ANONYMOUS COMMUNICATIONS.

Anonymous communications, whether for publication, for
information, or in the way of criticism, are consigned to
the wastebasket.

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The charges in the following table are fixed and invari-
able. Propositions for a less rate will not be considered.

Space.	One Year	Six Months	Three Months
One page.....	\$50.00	\$30.00	\$17.50
One-half page.....	30.00	17.50	10.00
One-fourth page.....	17.50	10.00	7.50
One-eighth page.....	10.00	7.00	4.00
Professional cards.....	5.00		

Special rates for preferred pages.

Accounts payable quarterly.

Address all communications to C. C. Stephenson, M. D.,
Editor Journal Arkansas Medical Society.

Elks Building, Little Rock.

A DIRECTORY OF THE MINERAL SPRINGS OF THE UNITED STATES.

There will soon be published from the
press of *The Chicago Clinic and Pure Water
Journal*, Springfield, Illinois, a directory of
the Mineral Springs of the United States,
which will be the first publication of the
kind ever issued in this country. This direc-
tory will contain not only the names and
classification of all American waters which
are used therapeutically, but the altitude,
climate and general features of all resorts.
There will also be a list of all resort hotels,
their managers, rates, accommodations and
length and time of season; the railway facil-
ities of all resorts; hospitals, sanitarium and a
list of competent physicians at each resort
to whom patients may be safely referred.
There is also a section on the application of
American waters by Dr. Geo. Thos. Palmer,
Professor of Mineral Water Therapy at
Dearborn Medical College, Chicago. The
various State lists are being published in the
current numbers of the *Clinic and Water
Journal* that all corrections and additions
may be made before permanent printing. The
list of Arkansas Springs was published in
the April number and the form containing
it is about ready for final revision. All in-
terested in the proper listing of Arkansas
Springs—hotel and resort owners, hospital
and sanitarium managers and physicians
resident at springs—should communicate
with *The Chicago Clinic and Pure Water
Journal*, Springfield, Ills.

—X—

DR. S. H. CARDWELL OF HOT SPRINGS SUSTAINS BROKEN ARM.

Dr. S. H. Cardwell, of Hot Springs, was
painfully injured in a difficulty in Loyd's
wagon yard, in South Hot Springs, by Dick
Burroughs. What the trouble was about
the Doctor states he does not know, and Bur-
roughs will not tell.

According to the statements of an eye-
witness, Burroughs was sitting in the yard
whittling. Dr. Cardwell came in and spoke
to him. Burroughs answered, "Good eve-
ning, Doctor. By the way, there is some
trouble between us."

The Doctor then sat down on the bench
beside him and asked him what the trouble
was. Burroughs said that he knew what the
trouble was, and with that, it is said, struck
the Doctor across the face with a stick, cut-
ting a long gash.

COLLIER'S METHODS EXPOSED.**Pipe Dreams Versus Facts—The Deadly Parallel.**

The above caption in large type is the leading editorial in the St. Louis Medical Journal, A. H. Ohmann-Dumesnil, A. M., M. D., Ed. and Prop., and is reproduced in pamphlet form and, we presume, sent out broadcast to the profession throughout the United States. Without attempting to reply in detail to this editorial, a few questions might properly be asked; and will A. H. Ohmann-Dumesnil, A. M., M. D., Editor and Proprietor, please be so good as to answer.

Why have you taken the time and trouble upon yourself to answer and expose Collier's lies? Is it a matter that directly concerns you financially to expose Collier's lies, or are you the mouthpiece (self-constituted or otherwise) of the Proprietary Association of America?

If not directly interested as indicated above, "Who pays the freight?" It cost money to publish the pamphlet containing your editorial. It cost money to mail it to the physicians of this great country of ours. It cost money to make the investigations that you made.

Are you trying to do the public a service in exposing Collier's lies, or is your work a duty that you owe the profession; or is this a task that the Proprietary Association has imposed on you?

If this is a service you are rendering the dear people, why did you not publish your article in the newspapers? All of them—with a few exceptions—would have been glad to have your article alongside some nostrum "Ad." If you are trying to reach the cream of the profession, and show that you are discharging your duty, why did you not send your article to the Journal of the A. M. A., with a request for Dr. Simmons to publish? He, no doubt, would have consigned it to the waste basket, where it properly belongs. If you are working for the Proprietary Association, come out boldly and say so. Your efforts have the "ear marks" belonging to this organization and the brand of your editorial is characteristic.

—X—

THE PASSING OF THE PINKHAMS.

When Congress, early in July, passed the Pure Food Bill by an almost unanimous vote

after the Proprietary Association had exhausted all means, open and underhand, to prevent its introduction and passage, a great big shining page was turned in the making of this country's history. Physicians are most interested, naturally, in the part of the bill relating to misbranded medicines:

"If the package fails to bear a statement on the label of the quantity or proportion of any alcohol, morphine, opium, cocaine, heroin, alpha or beta eucain, chloroform, cannabis indica, chloral hydrate, or acetanilid, or any derivative or preparation of any such substances contained therein."

Fare thee well, Lydia Pinkham, my Lydia; and O, Peruna, where art thou? Going, going, almost gone, along with the innumerable caravan of headache pills and powders. Whither, dear Mrs. Winslow, with thy soothing syrup, and where away would'st thou, O, Ayer's Sarsaparilla? The while the scalding tears of anguish course the public's smitten cheek, there comes the echo of the melancholy cry: Quo vadis, Booze; quo vadis, Dope, that once did masquerade in pious healing garniture? Alack-a-day, Farewell.—Journal of the South Carolina Association.

The above is respectfully referred to "Chief Mourner"—more appropriately interpreted, "Loudest Howler"—A. H. Ohmann-Dumesnil, A. M. M. D., Editor and Proprietor of the St. Louis Medical and Surgical Journal.

—X—
SECRETARY 37 YEARS.

"Dr. Conn, after thirty-seven years of faithful and efficient service as Secretary of the New Hampshire State Medical Society, has resigned. The memory and influence of his work in that Society and of his services to the profession at large, and for the good of the people especially in the cause of public health through the American Public Health Association, will abide. We appreciate and reciprocate his kind wishes."—Ex.

The New Hampshire State Medical Society should (if it did not) have passed resolutions and had a copy engrossed and presented Dr. Conn for his services. Would it not have been a beautiful tribute to a faithful servant? True he does not need such—all know him, but a beautifully framed engrossed resolution would have been a fitting finale. Even a gold-headed cane presented by the Society would have been more appropriate than the above two-inch squib.

AN INSTANCE OF THE "PATENT MEDICINE" HABIT.

Dr. J. C. Davis, Rochester, N. Y., reports the following interesting case of "patent-medicine" addiction:

"Mrs. Lottie Shaal died, July 10, from an overdose of 'a narcotic of some kind.' The coroner waived an autopsy as the woman was addicted to the 'patent-medicine' habit.

"During the past year she had been taking Cox's Headache Powders, obtained from her grocer. On July 7 she took one box of Cox's Headache Powders; on July 8 a part of a bottle of Hostetter's Bitters, and all of one bottle of Lydia Pinkham's Compound; on the morning of July 9 she went to see a neighboring physician, who gave her a small powder to quiet her nerves. I was unable to ascertain its contents. About noon she went out again and must have got advice or medicine, for she returned home and went to bed. Her two daughters noticed her peculiar actions, and in trying to undress her, discovered a small vial in her stocking. Mrs. Shaal pleaded with them not to disturb her—that she would not take any more. They let her alone for a short time and she got up and must have taken the contents, and have thrown away the bottle for they have been unable to find it anywhere about the house.

"About 4 o'clock she was taken to St. Mary's Hospital with symptoms of some narcotic and spinal stimulant, and died the next morning, July 10th."—*Journal American Medical Association*.

Will Dr. A. H. Ohmann-Dumesnil please investigate the above and report as to its truthfulness? Perhaps it might be another "Pipe Dream" or it might be that another lie could be nailed. In either event Collier's Weekly will be spared, and it may be that the *Journal of the American Medical Association* had better "take to tall timber" in order to escape the report on the above Pipe Dream (?)

DRS. ALLPORT AND MOYER.

Drs. Frank Allport and Harold N. Moyer, of Chicago, received the degree of LL.D. at the annual commencement of Notre Dame (Indian) University, on June 14.

A STRIKING RESEMBLANCE.

A Cincinnati man recently presented his wife with a piano lamp, which she said she would call after him. On asking her reason, she replied: "Well, dear, it has a good deal of brass about it, it is handsome to look at,

it is not remarkably brilliant, requires a good deal of attention, is sometimes unsteady on its legs, liable to explode when half full, flares up occasionally, is always out at bed time, and is bound to smoke."—*Critic and Guide*.

The latest venture in philanthropy in Chicago is a medical social settlement on the west side, to be conducted by the Chicago Tuberculosis Institute. A feature will be a large roof-garden for children.

THE PENNSYLVANIA STATE BOARD OF MEDICAL EXAMINERS.

As a result of the recent examination conducted by the Pennsylvania State Board of Medical Examiners, 355 medical students will receive certificates admitting them to practice their profession in Pennsylvania. The board, which has spent the last week in Atlantic City, going over the examination papers, concluded its task on August 1st, and announced the successful candidates. Thirteen of the latter are women. For the examinations, which were conducted June 19 to 22, at Philadelphia, 414 students made application. Nine failed to qualify and one was expelled from the examination room for cheating. Fifty of the remaining candidates failed to pass. Twenty-five of the women applicants had failed to pass in previous examinations. Ten got through this year, and three of the successful ones passed their first attempt with honors.

A clinic for the treatment of lung diseases has recently been opened in the old city hall building, St. Louis, in connection with the St. Louis dispensary. Dr. Louis M. Warfield has been appointed assistant dispensary physician in charge of the clinic.

"Snitching" is a term used in Kansas City, Mo., to describe the methods of the class of lawyers who offer money to hospital physicians to introduce and recommend them to persons who have met with accidents. In New York City such men are called "ambulance chasers."

The date for the dedication of the Harvard Medical School has been set for September 26th. President Eliot will deliver the dedicatory speech, and several other addresses on anatomy, surgery, and internal medicine will be given. They will be limited to 10 minutes.

PERSONALS.

Dr. A. R. Stover has returned from Colorado.

Dr. L. E. Love of Dardanelle visited Little Rock recently.

Drs. C. R. Shinault and W. A. Snodgrass are in Chicago.

Dr. Carl Bently has returned from several weeks spent in the East.

Mrs. C. R. Shinault of Little Rock is visiting the "Lake Region."

Dr. Nicholas Senn, of Chicago has returned from his trip to Africa.

Dr. B. C. Logan, of Morrilton, called to see the Secretary. Sorry we were out.

Dr. Geo. S. Brown, of Conway, visited the Secretary a few days ago and said lots of nice things about the Journal. Than you, Doctor.

Dr. E. H. Abbingtion, of Beebe, visited Fort Riley, Kas., with the Arkansas State Guards. Dr. Abbingtion is surgeon for the local company at Beebe.

Dr. and Mrs. O. C. Hankinson, of Pine Bluff, have returned from a month's stay at Mackinac Island, where they spent a most enjoyable time while absent from the city.

Dr. W. E. Hoffman, of Stuttgart, left for Chicago, to spend a couple of weeks on business; while in that city he will attend lectures. Before returning home he will visit Milwaukee and other points.

Dr. A. G. Harrison, of Warren, has been selected by the State Charities Board to succeed Dr. J. M. Young as physician for the Deaf Mute Institute and Blind School. Dr. Harrison will take charge October 1.

Dr. O. K. Judd, at present assistant city physician, is an active candidate for the positions of city physician and superintendent of the hospital. Dr. Judd has been connected with the hospital and city Health Department for two years and is said to have strong support for the position.

—X—

DR. WATKINS TO RETIRE AS CITY PHYSICIAN.

It is annouced that Dr. Anderson Watkins, city physician and superintendent of

the city hospital, will, at the close of his present term, retire from these positions which he has held for six years, and will take up the private practice of medicine. The term of Dr. Watkins expires April 1 of next year, and at that time he will have completed the sixth year of his connection with the city.

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REMOVAL NOTICE.

Dr. R. T. Strange, of Hartford, has recently moved. No address given.

Dr. E. C. Thorne has removed to New Mexico on account of his health.

Dr. R. W. Lindsey has removed his office to 110 West Ninth street, back of Dashiell's drug store.

Dr. R. H. Froehlick has recently moved to Ulm from Hebron, N. D., and has his office at the Payer House at present.

Dr. A. E. Harris has moved his office to 110 West Ninth street, back of Dashiell's drug store. Same telephones.

Dr. A. W. Barrow, of Hot Springs, Ark., and Dr. Mary J. Smith, of Bowling Green, Ky., have opened an osteopathic office at 207 1-2 Main street.

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DIED.

Dr. C. H. Voris, formerly of Conway, died at Manville, I. T.

Dr. D. H. Guice, 66 years old, died at his home in Orlando, August 24.

Dr. Henry Hite, a well-known and wealthy citizen of Randolph County, died at his home near Peru, August 4.

James W. Breedlove, M. D. Tulane University of Louisiana Medical Department, New Orleans, 1849, of Fort Smith, Ark., for New Orleans, 1849, of Fort Smith, Ark.; for 12 years surgeon in the United States Marine-Hospital Service at New Orleans; surgeon of the Third Louisiana Infantry and later medical inspector in the Confederate service during the Civil War; a charter member of the Sebastian County (Ark.) Medical Society and at one time its president, died at Belle Point Hospital, Fort Smith, August 16, from paralysis, after an illness of four months, aged 79.

BADLY HURT IN RUNAWAY

Dr. A. C. Jordan, of Pine Bluff, was quite badly injured in a runaway. He had been on a professional visit and was returning to his home, driving a team of black horses, which he had recently purchased, when they became frightened and started to run. The frightened animals ran for two blocks and seeing that he could not control the team, and fearing that the horses would run into one of the many vehicles which were at that time on Poplar street, Dr. Jordan drove the horses into a tree. The pole of the buggy struck the tree, throwing him out with great force. He fell to the ground, and the buggy and the negro, who accompanied Dr. Jordan, fell upon him. One rib was broken, his wrist and ankle were badly sprained and his face was badly bruised by the fall. Although badly injured Dr. Jordan walked to his home at 1519 South Cherry, and Dr. Z. Orto was summoned to attend him. Although painfully injured Dr. Jordan was not seriously hurt, but will be confined to his home for some time.

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DR. MARTINDALE FREE.

Dr. G. H. Martindale, who shot and killed Samuel W. Thomas, of Patmos, was arraigned before Justice of the Peace J. M. Britt, and after a hearing the court discharged the defendant. It was the defendant's claim that he killed Thomas in self-defense.

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THE ARKANSAS JOURNAL.

The Arkansas Medical Society has converted the neat and attractive little Bulletin, formerly published by the Society, into a full-fledged and very creditable journal, known as the Journal of the Arkansas Medical Society. Dr. C. C. Stephenson, Little Rock, is the editor-secretary. The publication was begun in June and the second number has just appeared. It is neatly and attractively gotten up, 7x10 in size, and, judging from the two numbers already issued, will take rank among the active and influential journals. In the July number appears the full report of the annual meeting of the Arkansas Medical Society at Hot Springs in May, also much interesting matter in the shape of news items, letters, reports of County Societies, etc. There is no doubt that this new member of the sisterhood of State Society journals is capable of exercising

and will exercise great good on the members of the Arkansas Medical Society, as well as on the medical profession of the State of Arkansas.—Journal, A. M. A.

Many thanks for the kindly mention given to our Journal. The profession of the State should feel the influence of the Society Journal and through this influence unite with their respective County Societies.

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CRAWFORD COUNTY MEDICAL SOCIETY.

The Crawford Medical Society met at Alma on Thursday, August 23. Drs. Reeves and Sharp were the committee on reception. The officers of the Society for the coming year are: President, J. D. Youart, M. D., Dean Springs; vice-president, O. L. Bourland, M. D., Van Buren; secretary, M. S. Dibrell, M. D., Van Buren; treasurer, J. L. Blakemore, M. D., Van Buren; Board of Censors, W. R. Reeves, M. D., Alma; J. C. Sharp, M. D., Alma, and W. L. Parchman, M. D., Van Buren.

—x—

HOSPITAL FOR INSANE.

Fort Smith.—The quorum court has authorized the county judge to purchase twenty-five acres in the eastern portion of the city, and right in a fine suburban residence portion, for a poor farm, the present location not being suitable for the purposes for which it is used.

For many years there has been felt the need of a detention hospital, where the insane may be kept in comfort and be treated until determined whether or not they are curable, and if not, where they can be properly cared for until they can be admitted to the State Hospital.

There is some opposition to the location of the hospital on the tract purchased, as it is surrounded by costly suburban residences, but the opposition comes too late, as the ground has already been purchased. The quorum court will at once proceed to the perfection of the plans to be adopted.

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DR. JOSEPH BRYANT.

Dr. Joseph Bryant, president of the American Medical Association, is one of the distinguished visitors at Hot Springs. One of the pleasant incidents of the Doctor's visit was an entertainment recently given him by Dr. and Mrs. Howard P. Collings at their home. The affair was attended by a number of physicians and their wives.

THE MISSISSIPPI COUNTY MEDICAL SOCIETY.

The last meeting of the Mississippi County Medical Society was held at the Court House in Blytheville, on Wednesday, August 15, 1906, at 10 o'clock, a. m. The following program was rendered:

1. Typhoid Malaria—Dr. C. C. Stevens, Blytheville.
2. Congestion—Dr. James N. Minitree, Manila.
3. Paper—Dr. F. A. Robinson, Barfield.
4. Report of Case—Dr. R. B. Nall, Armorell.

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A CHINAMAN LICENSED TO PRACTISE MEDICINE IN ILLINOIS.

Dr. Gin Wai Chan, a graduate of the class of 1906, National Medical University, of Chicago, has been notified by the secretary of the board of health that he has successfully passed the examination for a license to practice medicine in Illinois. Dr. Chan was sent here by the Chinese Government to study medicine, with a view to preparing him for the chair of surgery in the Imperial University at Peking. It was through the Empress Dowager that the student was sent to Chicago to gain a medical education. It is said that he is the first Chinaman to pass the examining board of Illinois. Although a number of Chinese students have attended other colleges, none of them has successfully passed an examination.

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APPOINTED COUNTY PHYSICIAN.

Dr. J. H. Southard, of Fort Smith, has been appointed county physician to succeed Dr. J. W. Breedlove, deceased. Dr. Southard was for many years a business associate of Dr. Breedlove, and it was at his request that the appointment was made.

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TUBERCULOSIS CONGRESS MEETS.

It is expected that representatives from all countries in the western hemisphere will attend the forthcoming congress of the American International Tuberculosis Congress, which meets in New York City on November 14, 15 and 16 next. The officers of the congress are F. E. Daniel, president, and Matthew M. Smith, M. D., secretary, both of Austin, Texas, and Clark Bell, LL. D., treasurer, of New York City. All of the officers, members and delegates of the congress have been invited to attend this gath-

ering, and contribute papers to be read at the congress. The meeting will be open to members of all the professions, legislators, statesmen, the laity and the clergy. All the governments in the western hemisphere have been invited to send delegates to the congress and to co-operate in its labors.

The congress has the approval of the State department, Assistant Secretary Bacon having recently instructed the American diplomatic officers in American States to support the invitation of the congress to send delegates to its meeting. The American diplomatic representatives in Great Britain, France, Denmark, and the Netherlands were also instructed to support the invitation to their respective colonial American possessions to be represented at the congress.

This association meets every two years, the last meeting having been held in St. Louis during the world's fair, at which time Secretary of State John Hay invited the nations of the world to send representatives to attend it, and in consequence there was a very large gathering. At this meeting Dr. F. E. Daniel, formerly vice-president, and one of the organizers of the association, was elected president, and Dr. M. M. Smith, secretary.

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GOD SAVE THE KING.

An English professor wrote on the blackboard in his laboratory: "Prof. Wilson informs his students that he has this day been appointed honorary physician to His Majesty, King Edward." In the course of the morning he had occasion to leave the room, and found on his return that some student wag had added to the announcement the words: "God save the king."—Ladies' Home Journal.

—X—

HEALTH CRUSADE.

The Humboldt Medical Society has prepared a pamphlet on the laws of health which contains a series of articles on hygiene and sanitation for use in the city schools. A copy of this pamphlet is ordered to be placed in the book of every child attending school.

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NEW BUILDING FOR ACADEMY.

The members of the Nashville Academy of Medicine at its meeting August 15, subscribed about \$8,000 toward a new building to be used as a permanent home for the organization. About \$20,000 is needed for this purpose.

REWARDS OFFERED.

The Hot Springs Medical Society has devised a new plan to secure the proper enforcement of the Gantt law by making it a very remunerative business for the officer or officers who are instrumental in securing the conviction of violators of the law.

A reward of \$500 is offered for the conviction of a physician guilty of drumming, and a reward of \$1,000 is offered for the conviction of a witness perjuring himself to protect a physician.

The full particulars of the Society's offer are set forth in the following resolution which was adopted by the Society:

Hot Springs, Ark., Aug. —, 1906.

Whereas, The General Assembly of the State of Arkansas passed an act to prohibit drumming by physicians or surgeons which act is entitled, "An act to restrain, prevent and punish imposition, deception, malpractice and immoral and unprofessional conduct on the part of physicians and surgeons," approved April 29, 1903, which act appears in Kirby's Digest of the Statutes of Arkansas in Sections 5246 to 5250, inclusive; and,

Whereas, The Supreme Court of the State has held said law to be constitutional and valid, and as yet the same has not been fully and effectually enforced, and the evil practice of drumming by physicians and surgeons prohibited by that act has not been suppressed. For the purpose of preserving the dignity and usefulness of the medical profession and securing the enforcement of said law, the Garland County-Hot Springs Medical Society offers and agrees to pay a reward of \$500 for the conviction in a court, or courts, of competent jurisdiction of any physician or surgeon of a violation of said law, to any executive officer or deputy of the City of Hot Springs, or of Hot Springs township, or of Garland county, or of any other county of the State of Arkansas, or any marshal or deputy marshal of the United States, who may cause the arrest and secure the conviction of the party convicted in the manner as follows, to-wit: One hundred and twenty-five (\$125.) dollars for each conviction in the Police Court of the City of Hot Springs, Arkansas; one hundred and seventy-five (\$175) dollars for each conviction in the Circuit Court of Garland County, or in the Circuit Court of any county to which the case may be taken on a

change of venue; and an additional sum of two hundred (\$200) dollars on the affirmation of each and every conviction by the Supreme Court of this State.

This Society, in order to prevent wilful, corrupt and false swearing by witnesses to secure the prosecution of, or in the trial of a physician or surgeon in a court having jurisdiction, on the charge of a violation, or violation of said law offer and agree to pay a reward of one thousand dollars for the conviction of any person of the crime of perjury committed by him or her in giving testimony as a witness before any grand jury of Garland County, Arkansas; or on the trial in a court of competent jurisdiction of a physician or surgeon for a violation of said law in Garland County, Arkansas; or for the prosecution and conviction of any person of the crime of perjury for false swearing to a petition or affidavit made to secure the issuance of a warrant of arrest by any justice of the peace of Garland County, Arkansas, or police judge of the City of Hot Springs of any physician or surgeon for a violation of said law, to any such executive officer of the law mentioned or referred to herein, who produces the evidence of conviction, on the trial of any person so charged with, convicted and sentenced for the crime of perjury as set forth herein.

The rewards herein offered will be paid by the treasurer of this Society upon the endorsement of the President and Secretary of the Society, which endorsement is vouched for, and promised upon the production of the evidence of the conviction in each and every case referred to respectively, without delay.

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NEGRO MEDICAL ASSOCIATION.

The eight annual meeting of the National Medical Association of Negro Physicians and Surgeons of the United States was held in Philadelphia August 21-23. The association has a membership of over 2,000, and more than 500 delegates were present. The following officers were elected: Dr. Nathan F. Mossell, Philadelphia, president; Dr. George W. Cabannis, Washington, vice-president; Dr. Jordan A. Kenney, Tuskegee, Ala., secretary; Dr. A. Wilberforce Williams, Chicago, treasurer; and Dr. Peter A. Johnson, New York City, chairman of the executive committee. The next meeting will be held in Baltimore in August, 1907.

QUERRY.

(Replying to Dr. A. D. Bunn, "Why do the Negroes Die in the Spring.")

Once upon an August day,
Lived a Doctor—wise they say.
He knew physics like a book,
And conquered all that he undertook.
One query puzzled his level head,
And he could not figure it out, he said;
Concentrated thought no light did bring—
"Why does the negro die in Spring?"

In the Spring a negro's fancy
Turns not to thoughts of love sublime,
To dusky beau and sweethearts charming,
But to watermelon time.
Visions of "possum" rich and juicy
And of "taters"—golden, sweet,
Rise upon his mind's horizon,

Fill his nights with dreamy sleep.
For a while, joy quite ecstatic
From out his ebony face doth shine,
As he sits and fondly muses
On "possum" and "tater" and melon time.
When lo! there comes a change full sudden,
Joy to grief has been turned it seems.
Fate and dame nature join forces against him,
Months of waiting must intervene.

Endure months of patient waiting
While melons to ruby ripeness are turning?
Wait even longer for Jack Frost's arrival
Ere his heavy heart can cease its yearning?
Ills of the flesh which mortal is heir to,
Oft-times must yield to the M. D.'s skill;
But ill of the mind, we have known from our
childhood,
Sooner or later their victims must kill.

And so it is not pneumonitis
Nor appendicitis brings our patient low,
But with the death-angel's dart in a broken
heart,
The negro must hand in his checks and go.
And now I trust that my professional brother
All praise to these verses will gratefully sing,
For none can gainsay this correct diagnosis
Of "Why the negro chooses to die in the
Spring."

—Harry Thomas Harr, M. D.
Bonanza, Ark.

Dedicated to the Sebastain County Medical
Society, to whom you will please present the
chromo if these lines are meritorious enough
to win it.—H. T. H.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The Mississippi Valley Medical Association will hold its thirty-second annual meeting at Hot Springs, Ark., November 6, 7, and 8, 1906, under the presidency of Dr. J. H. Carstens, of Detroit. The Address in Medicine will be delivered by Dr. Frank Parsons Norbury, of Jacksonville, Ill., and that in Surgery by Dr. Florus F. Lawrence, of Columbus, O.

WARNING.

Members of the profession are warned against the operations of one G. K. Simpson who is fraudulently taking orders for SURGERY GYNECOLOGY AND OBSTETRICS published by the Surgical Publishing Company of Chicago and under the Managing Editorship of Franklin N. Martin, M. D. Many Doctors have already been victimized by this man to the extent of paying cash for orders for the journal or giving him checks payable to his own order; and this notice is published in the interests of the profession and for the purpose of putting a stop to his further operations. Secretaries of local medical societies are requested to warn the members of their Societies against him.

CONSUMPTION CURE ANNOUNCED IN PARIS.

Prof. Behring's new remedy for tuberculosis called tulase, the discovery which was announced in Paris a few days ago from Hamburg, is about to be delivered in small quantities to clinical surgeons. Prof. Behring does not believe that this remedy has been sufficiently tested for distribution among general practitioners, but hospitals will receive it free of charge. The new remedy is applied either by subcutaneous injection or through the mouth.

SOUTHERN TRI-STATE SOCIETY TO MEET.

The eighteenth annual meeting of the Tri-State Medical Society of Alabama, Georgia, and Tennessee will be held at Chattanooga, Tenn., Oct. 2-4, 1906. Reduced rates have been granted for Alabama, Georgia, Tennessee, Mississippi, Louisiana and Florida. The preliminary program includes an excellent list of papers from leading medical men of the south. As mentioned elsewhere, strong pressure will be brought to bear to convert this organization into a branch of the American Medical Association, the Association of the Southeastern States. Further information and places on the program may be obtained from the secretary, Dr. Raymond Wallace, Chattanooga, Tenn.

DR. IDA JOE BROOKS RESIGNS.

Dr. Ida J. Brooks, who for a number of years has been chief woman physician at the Westborough (Mass.) insane hospital, has resigned her position and has returned to Little Rock to resume practice here.

THE GRADED FEE SCHEME.

The man who first proposed to mask a frank reduction of examiner's compensation by denominating it a "graded fee" is now doubtless pensioned by the insurance companies, or should be. Concerning this, the Equitable Life writes us:

"Eighty-five per cent of the total business done in the United States in 1904—the last year before the insurance investigation began—was done by companies which have now adopted some sort of graded fee schedule, and only 15 per cent of the old line business by companies now operating under a flat fee. It is true, as we believe, that most of the remaining old line companies will soon find it necessary to adopt a graded fee schedule; and, if the physicians of the county should decide to form a combination to compel the payment of a flat fee of \$5.00, the companies will certainly be confronted with the problem of either being compelled to unite in the employment of salaried medical examiners—one examiner for each place—or to devise some plan of writing life insurance under which medical examinations can be done away with.

The medical profession has never been offered a graded fee. They have been reduced on 90 per cent of the policies according to the companies' own estimates and increased \$2 on the other 10 per cent. A justly graded fee would favor the physician too much to expect one ever to be proposed. *These life insurance companies stand charged with juggling with terms, calling a frank reduction a "graded fee," and with reducing examiner's fees, and justifying the same by pleas of necessary economy, when the very fees adopted prove that such reduction is unnecessary.* Here is the proof: The companies concede they can afford to pay \$3 for examinations on \$1,000 policies. Then they can afford to pay \$6 on a \$2,000 policy, \$9 on a \$3,000 policy, \$12 on a \$4,000 policy and \$15 on a \$5,000 policy. Furthermore, the companies are glad to do this very thing (when they have to). A physician receives \$5 for examining a \$5,000 applicant, but the company is ever ready to pay the examiner five \$3 fees if the same insurance be taken at brief intervals in \$1,000 policies. This is a positive demonstration that the companies are able to pay a just and consistent graded fee that would average far more to the practitioner than the

flat fee of \$5. The public are paying exactly the same premiums as before; the companies were solvent then as now. Where is the saving? Only bigger dividends, and the companies still manipulate these profits. *We challenge the life insurance companies of America to disprove this position, or forfeit their right to any consideration of fair-dealing at the hands of the medical profession of America.*—Texas State Medical Journal.

—X—

QUERRY.

(Replying to Dr. A. D. Bunn, "Why do the Negroes Die in the Spring.")

Only a novice, and not a sage,
But the wisdom of the day
Is not required in this fast age,
To know the reason of the negro's decay,
In the gentle springtime's creeping;
When the meadows' looking green,
And the flowers awake from sleeping,
To the showers and bright sunbeam.

Now my brother doctor listen;
While the summer's sun doth glow,
And the cotton row is christened,
By the sweat from the negro's brow,
As he toils from morn 'til evening,
Though he's full of bile and sin,
Nothing to that darky's grieving,
For "dat watermilion dun cum in."

Summer gone and autumn offers
Fields of ripening grain and cotton,
To the darkey's busy "whow! whow!"
And the pickaninies plotting.
How to get the best location
At the dinner festal board;
For "dars sumpthin mighty temptin,
'Possum, taters, a-la-mode."

Now the icy king of winter,
Drives the negro to his cabin;
Pneumonitis may there enter,
Cocci, bacilli, spirilla jab him;
But his banjo's merrily tumming
For he cannot leave these scenes,
While his Dinah's in the kitchen humming
"Caze de pot am bilin wid pork and beans."
Medico.

—X—

STATE MEDICAL JOURNALS.

The State Medical Societies are gradually becoming convinced of the wisdom of publishing a monthly journal. At the annual meeting of the Arkansas Medical Society, in May, 1906, it was decided to change the monthly bulletin into a monthly Journal, and to discontinue the publication of the annual volume of proceedings. Hereafter all the Society's transactions will be published in their Journal.—Ex.

ROTUNDA HOSPITAL, DUBLIN.

Mena, Ark., Aug. 14, 1906.

Dr. C. C. Stephenson, Elks Building, Little Rock, Ark.

My Dear Dr. Stephenson:—I herewith enclose a letter from one of our Polk County brethren, which will tend to show what can be done by our State and County Medical Societies for the up-building of our profession. If you deem the letter, or any part of same, would be of interest to our brethren, or awaken a new chain of thought in some of our profession to study hard, work hard, and try hard to make themselves and the profession of our State one of the highest in the Union.

With highest esteem, I am sincerely and fraternally yours,

D. O. Holmes.

July 19, 1906.

Dr. D. O. Holmes, Mena, Ark.:

Dear Doctor—Guess you think I am never going to write. I promised you before leaving that I would write to you and should have ere this, but have been exceedingly busy, and besides I wanted to be able to tell you about my work. You know it is not safe for one to form opinions too hastily for fear of error. I think I have been here sufficiently long to offer an opinion. I am more than pleased with my work. I have all I can do and more, too. There are doctors here from all parts of the world. This is one of the oldest, largest and most famous Maternity Hospitals in the world. The Hospital is divided into the following departments: Maternity (intern and extern), Gynecological (intern and extern), and Dispensary, where thousands of women and children are treated. So, you see, I have just all the work I can do. I well remember what I heard you say about this hospital: "When you get through there, there is nowhere else for you to go." Do you remember it? Well, you were exactly correct. Everything you told me come out just as you said. You gave me most excellent advice. I shall complete my work here and receive my M. L. Degree on the 8th of October, after which I shall go to Glasgow, Edinburgh, London and Paris. After which I shall return to Mena ready for work, that is if I can get any work to do. I have not lost a single moment since I arrived here. I work all the time. I am

so glad I came. Will tell you all about my work when I come home. I am perfectly delighted with the work. I hope your health is good and you are having a good practice, which you certainly deserve.

Guess many changes have taken place at Mena since I left. How is your sister-in-law and Miss Holmes' health. Hope they are real well. Will give you a minute detail of my work here and elsewhere when I come home. It is too long to attempt to write it to you. I shall be on examination about a week before receiving my degree. The Gynecological Course here is as good as the Maternity.

Write me a long letter and tell me all the news. Remember me to your wife and sister-in-law. With best wishes to you all, I am

Your friend,

ABNER WEBB.

Rotunda Hospital, Dublin, Ireland.

—x—

Dardanelle, Ark., Aug. 22, 1906.

Dr. C. C. Stephenson, Secretary Arkansas State Medical Society: The Yell County Medical Society met in regular session at Dardanelle, on the 2nd Tuesday in August, with only a few members present, yet we had a very interesting meeting.

Dr. C. B. Linzy, of Kingston, and a graduate of the University of Arkansas, 1906, was elected a member. Please send him the three back Journals of the Arkansas Medical Society, also the Journal regular, and I will send you his state dues later on.

Dr. M. A. Worsham reported a case of Ulterior Cacluxia followed with Rheumatism. Dr. A. H. McKenzie, a case of Urethritis and Dr. J. R. Linzy a case of vomiting in Pregnancy and spasms in a child.

We hope to have Dr. Westerfield with us at our next meeting, second Tuesday in October.

A. H. McKenzie, Secretary.

—x—
NEW MEMBERS.

August 2, 1906.

Doctor Stephenson:

Find enclosed check for \$6.00 dues to State Medical Society for

Geo. F. Hynes, Fort Smith.

I. K. Leaming, Waldron.

Jno. W. McConnell, Booneville.

Truly yours,

Wm. J. Neal.

Secretary Sebastian Co. Society.

THE MEDICAL ASSOCIATION OF THE SOUTHWEST.

Dear Doctor:

In the furtherance of the plan proposed by the A. M. A. to divide the United States into several districts, and organize therein Medical Associations, and because, for many years the States of Missouri, Kansas, Arkansas, Oklahoma, Indian Territory and Texas have been known as the Southwestern States and are closely bound together commercially, the State Associations of the above named States have each approved in their last State meetings the organization of a Medical Association of the States named and have appointed those whose names appear above as members of the committee on organization.

This committee met at Kansas City, July 16, and adopted the following declaration of principles:

To the Medical Profession of the Southwest:

By virtue of the authority delegated to us by our several State Associations, to consider the advisability of the organization of a Medical Association of the Southwest and to define its purposes, scope and sphere of action, we your committee in pursuance of such instructions this day met, and beg leave to submit the following conclusions: That the time is now opportune for the formation of a Medical Association of the Southwest, and respectfully urge that in consideration of the fact that in the territory comprised by the States of Missouri, Kansas, Arkansas, Oklahoma-Indian Territory and Texas are engaged in the active practice of the profession of medicine, between 15,000 and 20,000 of as bright and intelligent physicians as can be found anywhere; who, because of the natural limitations of the State Association on the one hand and the magnitude of the American Medical Association on the other, lack the proper opportunity for the full development of their powers; that the formation of an association of the above-mentioned States will materially aid in developing this latent talent, and thus advance the standard of scientific medicine in the whole Nation.

We believe that the membership of this Association should be limited to those members of the profession who are in good standing in their respective State Associations.

We believe that an Association of this kind will satisfactorily fill the present existing hiatus between the State Association on the

one hand and the A. M. A. on the other, occupying a field peculiarly its own, adding increased effectiveness to the work of the one and at the same time training talent to adorn the other.

We would respectfully call the attention of the profession of the great Southwest to the fact that this step is in harmony with the idea expressed at the late meeting of the A. M. A., and in its constitution (Sec. 7) of dividing the United States into districts, so as to make its work more effective and more truly representative of the whole body of the profession of the United States.

We would especially call the attention of the profession to the fact that this Association is not to be organized in opposition to, but rather in harmony with all existing regular Associations.

We recommend that the name of this organization be The Medical Association of the Southwest.

We invite the careful consideration of the Medical profession of the States above-mentioned, to the reasons given herein, and if they meet with their approval, extend a cordial invitation to them to join with us in making this, as it of right should be, one of the strongest working medical bodies in the United States.

The committee has called the first general meeting of the Association for October 23 and 24 at Oklahoma City, Okla.

Your support is earnestly solicited for this new Association; first by becoming a member, for which find blank application enclosed; and secondly, by your attendance at the meeting at Oklahoma City.

A copy of the program for this meeting, which promises to be an unusually strong one, will be mailed you in due time.

Trusting we shall have your hearty cooperation and assistance, I remain

Yours fraternally,

F. H. CLARK,
Temp. Sec.-Treas.

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THE MISSOURI STATE LICENSING BOARD.

Ninety-four candidates for the license to practice in Missouri were examined by the State Board of Health in St. Louis on August 8th and 9th. The next meeting of the board will be held at Hannibal, Mo., on September 4th, when the papers will be passed on.

THE COMING MEETING OF THE M. V. M. A. AT HOT SPRINGS.

Hot Springs, Ark., Aug. 22, 1906.

Dr. C. C. Stephenson, Secretary Arkansas Medical Society, Little Rock:

Dear Doctor Stephenson—During the month of November (6th, 7th and 8th) the Mississippi Valley Medical Association convenes here. There is not a body of medical men anywhere who are more loyal and learned in the profession.

The Garland County-Hot Springs Medical Society has made every preparation for the care of its friends and it recognizes that nowhere has it better friends than among the medical men of this State. I take this method, as your President, of inviting you and every good man in the profession, in the State, to be with us on that occasion. Those who are not already members of the Mississippi Valley should send application for membership to Dr. Henry E. Tuley, of Louisville, Ky. Every member of organized medicine is eligible.

Fraternally yours,
C. Travis Drennen.

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ITEMS FROM BOONE COUNTY.

Dr. James O. Nicholson, now of Protem, Mo., was in with his family on a visit in August. Boone always welcomes the Doctor back to his old home, besides Jim is a liner, and liners hardly know whether they live in Missouri or Arkansas.

Dr. J. L. Sims, of Harrison, has his son John and wife as summer visitors. John is a student in the medical department, St. Louis University.

Drs. H. L. and Chas. Routh, of Batavia, have completed their office building and may now be found at home.

Govee Story, a student in the Medical Department of Washington University, has been at home this summer in Harrison, with his father, Judge Story.

In the August 4, 1906 Journal of the American Medical Association, Dr. James A. Egan, the very efficient Secretary of the Illinois Board of Health and Medical Examiners reiterates very strongly his own as well as the views of the Board that a separate Board of Medical Examiners should be created whereby the State Board of Health

could devote more of its time to sanitary measures. We in Arkansas would do well to take note of the experience of this Illinois Board, for there is not a better Board of Health in the United States.

After the article in the August number of the Journal was written in which I commend the Medical Department of the Arkansas University, there was organized a new medical school at Little Rock to-wit: The College of Physicians and Surgeons. From a personal acquaintance with a majority of the professors connected with this new school I am certain it will also be worthy of support. So that again I can say, "If any one wishes a medical education and desires a diploma from a school recognized by any medical society in the United States, there is no necessity to leave Arkansas to obtain either, as Little Rock has not alone one but two good medical colleges."

Dr. C. C. Stephenson:

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Dr. C. C. Stephenson,
Little Rock, Ark.,

Dear Doctor:—The First Councilor District Medical Society meets in Osceola, Ark., Tuesday, October 9, 1906.

PROGR(M.

President's address, W. W. Jackson, M. D., Jonesboro.

Paper, Thad Cothren, M. D., Wild Cat.

Paper, H. M. Dickson, M. D., Paragould.

Paper, H. T. Collin, M. D., Osceola.

Paper, R. Bradsher, M. D., Marmaduke.

Other papers are promised, but owing to some of the county societies meeting late in the month the titles have not been sent in. Mississippi County Medical Society has promised to make this the "banner meeting in the history of the society."

A large attendance is expected.

Yours fraternally,

Olive Wilson,
Secretary.

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PEOPLE'S HOSPITAL COMPANY.

Articles of incorporation were filed with the Secretary of State by the People's Hospital Company, of Blytheville, showing a capital stock of \$10,000, all subscribed. The incorporators are P. P. Ferguson, W. W. Hollipeter and A. C. Lange. The company proposes to erect and maintain a hospital at Blytheville.

SOCIETY MEETINGS FOR SEPTEMBER.

American Association of Obstetricians and Gynaecologists.

Thursday, Friday, and Saturday, September 20th, 21st, and 22nd. At Cincinnati. Secretary, Dr. William Warren Potter, 284 Franklin St., Buffalo, New York.

American Electro-Therapeutic Association.

Tuesday, Wednesday, and Thursday, September 18th, 19th, and 20th. At Philadelphia. Secretary, Dr. Albert C. Geysler, 352 Willis Ave., New York City.

American Academy of Ophthalmology and Otolaryngology.

Thursday, Friday, and Saturday, August 30th, 31st, and September 1st. At St. Clair, Mich. Secretary, Dr. G. F. Suker, 103 State St., Chicago.

Association of Military Surgeons of the United States.

Tuesday, Wednesday, Thursday, and Friday, September 11th, 12th, 13th, and 14th. At Buffalo, New York. Secretary, Maj. J. E. Pilcher, U. S. A., M. D., Carlisle, Pa.

Medical Society of the Missouri Valley.

Thursday and Friday, September 6th and 7th. At Council Bluffs, Ia. Secretary, Dr. Chas. Wood Fassett, St. Joseph, Mo.

WHITE-CLEBURNE COUNTY MEDICAL SOCIETY.

The White-Cleburne County Medical Society held its regular quarterly meeting at Searcy July 26. There was a good attendance of members, all of which took an active part in the meeting. The papers read and cases reported were discussed at length, and were both interesting and profitable to all present. The Society is doing good work, and is trying to do better work. The Physicians and Surgeons Association of Searcy, which is composed of the physicians of Searcy, is held once a month, and is proving to be very profitable to all the members.

L. E. Moore, Secretary.

The Civil Service Commission has announced an examination to be held for the purpose of obtaining sufficient eligibles from which to organize the force of meat inspectors, which was authorized by the Agricultural Appropriation Bill passed by Congress recently.

In spite of the earthquake the president of Cooper Medical College, San Francisco, gives notice that the Lane medical lectures will be delivered this year on August 20, and five days following. The course will be given by Dr. John C. MacVail, medical officer of health for the counties of Stirling and Dumbarton. The lectures will be devoted to various subjects relating to practical hygiene, epidemics, and preventive medicine.

The 1906 annual meeting of the British Medical Association was held at Toronto, Ontario, on August 21, 22, 23, and 24. This is the second time within a few years that this great medical body has crossed the Atlantic in order to bring the parent body in closer touch with its Canadian members.

The Philadelphia Bureau of Health on June 26 condemned thirty-seven of the one hundred and seventy-one slaughterhouses in the city, on account of unsanitary conditions.

Dr. E. H. Abington was called to North Carolina by telegram one day last week on account of the serious illness of his wife, who had recently went to that state for the benefit of her health.

APPLICATION FOR MEMBERSHIP.

.....190..
*To the President, Officers and Members of
 The Medical Association of the Southwest:*
 I,M. D.,
 the undersigned, a graduate of.....
Medical School, located in
 the City of
 State ofin the
 year of.....am a member in good
 standing of.....
 .. State Association and do
 hereby make application for membership in
 your Association. Should I be elected I
 agree to abide by the laws, rules, etc., of the
 Association and also the Code of Ethics of
 the American Medical Association.
 Name
 Post Office
 State
 Fees and dues for first year of \$2.00. Paid.
 Approved:

 Censors.

**QUESTIONS ASKED BY THE STATE BOARD
OF MEDICAL EXAMINERS, JULY
EXAMINATION.
ANATOMY.**

By Dr. Vernon MacCammon, Arkansas City.

1. At what time in development of the fetus is hair formed?
2. Give the general classification of bones.
3. Name the bones of the upper extremity.
4. Describe diaphragm, giving origin, insertion, nerve supply and action.
5. Name the superficial group of the muscles of the abdomen.
6. Name the openings of the heart.
7. Name the branches of the anterior tibial artery.
8. Describe the pia-mater.
9. Describe the uterus.
10. Describe the gall bladder.

SURGERY.

Dr. J. P. Runyan, Little Rock.

1. Describe symptoms and operation for gall stones.
2. Through what would you pass in the open method of operation for hydrocele?
3. What are the contraindications for hemorrhoidal operation?
4. How would you differentiate between gall-stones, gastric ulcer and appendicitis?
5. Give surgical treatment for Bright's Disease.

OBSTETRICS.

Dr. B. L. Harrison, Jonesboro.

1. Describe the fallopian tubes.
2. Describe the placenta and give its functions.
3. Give differential diagnosis of pregnancy from ovarian cystoma.
4. Give treatment for threatened abortion.
5. Write prescription for vaginitis.
6. Give treatment for placenta-previa.
7. What are the indications for vaginal tamponing?
8. Give method of performing cephalic version.
9. Give treatment for uterine inertia.
10. Give management of normal labor.

CHEMISTRY.

By Dr. J. W. Meek, Camden, Ark.

1. What is meant by albumin?
2. What form in nature do we find albumin in its purest form?
3. In what case of poisoning do we use albumin as an antidote?
4. Name a metallic poisoning for which albumin is especially recommended.
5. What is meant by toxicology?
6. What causes decay of animal or vegetable matter when deprived of life?
7. What is meant by ptomain poisoning?
8. What is the origin of ptomain poisoning or in other words, how and from what are ptomains derived?
9. When the atmosphere we live in becomes charged with an excess of carbonic acid, how is it purified and made fit for the support of animal life?

PRACTICE.

By Dr. M. L. Norwood, Lockesburg, Ark.

1. Differentiate between acute alcoholism and apoplexy.
2. Give etiology, physical signs and treatment of pericarditis.
3. Give physical signs of acute lobar pneumonia.
4. Give etiology, physiology and treatment of biliary colic.
5. What are the two common complications of typhoid fever during second or third week and give treatment?
6. Describe a case of acute catarrhal dysentery and give treatment.
7. Give etiology, diagnosis and treatment of gonorrhoea.
8. Give diagnosis and treatment of acute articular rheumatism.
9. Give etiology, morbid anatomy, period of measles incubation, common complications and their treatment.
10. Describe three stages of malarial paroxysms and give treatment in each stage.

PHYSIOLOGY.

By Dr. G. V. Poynor, Green Forest, Ark.

1. Name and describe the glands of the intestines and tell in which portion of the intestine each kind is situated.
2. Describe the glycogenic function of the liver and tell the destination of glycogen.

3. Give origin, distribution and function of the five pair of cranial nerves.

4. (a) How is the nervous system arranged anatomically?

(b) Give a short sketch of each system.

5. How many pair of spinal nerves are there? Describe them.

MATERIA MEDICA AND THERAPUETICS.

By Dr. F. T. Murphy, Brinkley, Ark.

1. What is an alkaloid, a Tincture and a Fluid Extract?

2. Name four different classes of medicine, with an example of each class. Give dose of example.

3. What drugs would you use hypodermatically to meet the following requirements? (a) To stimulate the heart's action. (b) To produce emesis. (c) To control hemorrhage.

4. What is the strength of Normal Salt solution? Give indications for its use and mode of administration.

5. Give principal alkaloid of Belladonna and indications for its use, also dose.

6. Name the three (3) most used preparations of Opium, and how much of each contains 1 gr. of opium.

7. Give Hypodermatic dose of the following: Sulp. Strychnine, Sulp. Atropine, Sulp. Morphia, Apomorphia Hydrochlorate, Nitro-Glycerine and Pilocarpine Hydrochlorate.

8. Write a complete prescription for a diuretic containing not less than three ingredients.

9. How are the cathartic effects produced by Salines?

10. How is the Nitrite of Amyl used and for what purpose?

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A LIST OF LIFE INSURANCE COMPANIES AND FRATERNAL BENEVOLENT SOCIETIES AUTHORIZED TO DO BUSINESS IN TEXAS FOR THE YEAR 1906.

The examination fees paid in Texas as obtained through correspondence are shown by the figures set after the names of the companies. Where fee is not stated the companies have not answered our inquiry.

Texas Old Line Life Insurance Companies.

American National Insurance Company, Galveston, Texas, \$3.00 and \$5.00.

Fort Worth Life Insurance Company, Fort Worth, Texas, \$5.00.

Southwestern Life, Dallas, Texas, \$3.00 and up.

Guarantee Life Insurance Company, Houston, Texas, \$3.00 and \$5.00.

Texas Life, Waco, Texas, \$2.00 and \$3.00.

*The Texas National Life Insurance Company, Austin, Texas.

†State Life Insurance Company of Texas, Fort Worth, Texas.

Old Line Insurance Companies of Other States.

Aetna Life, Hartford, Conn., \$5.00.

American Central Life, Indianapolis, Ind.

Bankers Reserve Life, Omaha, Neb., \$3.00.

†Chicago Life, Illinois, \$3.00 to \$5.00.

Citizens Life, Louisville, Ky., \$5.00.

†Columbian National Life, Boston, Mass.

Des Moines Life, Des Moines, Iowa, \$3.00, \$5.00.

Capital Life, Denver, Colorado, \$5.00.

Equitable Life, New York, N. Y., \$3.00 and \$5.00.

Franklin Life, Springfield, Illinois, \$3.00.

Fidelity Mutual Life, Philadelphia, Pa., \$3.00 and \$5.00.

Germania Life, New York, N. Y., \$3.00 and \$5.00.

Hartford Life, Hartford, Conn., \$3.00 and \$5.00.

Home Life, New York, N. Y., \$3.00 to \$7.50.

Kansas City Life, Mo., \$3.00.

Manhattan Life, New York City, N. Y., \$5.00.

Massachusetts Mutual Life, Springfield, Mass., \$5.00.

Metropolitan Life, New York, N. Y., \$3.00 and \$5.00.

Missouri State Life, St. Louis, Mo., \$3.00.

Minnesota Mutual Life, St. Paul, Minn., \$3.00 and \$5.00.

Mutual Benefit Life, Newark, N. J., \$5.00.

Mutual Life of New York, N. Y., \$3.00 to \$10.00.

†Mutual Reserve Life, New York, N. Y.

- National Life, Montpelier, Vt., \$5.00.
 National Life of United States of America, Chicago, Ill.
 New York Life, New York, \$2.50 to \$5.00.
 Northwestern Mutual, Milwaukee, Wis., \$5.00.
 Northwestern Mutual, Milwaukee, Wis., \$5.00.
 †Northwestern National Life Insurance Company, \$3.00.
 Pacific Mutual Life, San Francisco, Cal., \$5.00.
 Penn Mutual Life, Philadelphia, Pa., \$5.00.
 †Provident Savings Life, New York, \$3.00 to \$7.50. ()
 Prudential, Newark, N. J., \$3.00 to \$7.00.
 Reliance Life, Pittsburg, Pa., \$5.00.
 Security Mutual Life, Binghampton, N. Y., \$3.00 and \$5.00.
 Security Trust and Life, Philadelphia, Pa.
 State Life, Indianapolis, Ind., \$3.00 to \$5.00.
 State Mutual Life and Annuity, Rome, Ga., \$3.00 and \$5.00.
 Travelers' Life, Hartford, Conn., \$3.00 to \$10.00.
 Union Central Life, Cincinnati, Ohio, \$3.00 to \$5.00.
 Union Mutual Life, Portland, Me.
 United States Annuity and Life Insurance Company, Chicago, Ill., \$3.00.
 Washington Life, New York, \$3.00 and \$5.00.
 †Wisconsin Life, Madison, Wis., \$3.00.
- Assessment Life and Accident Companies.**
 International Travelers Association, Dallas, Texas.
 Knights Templars and Masonic Mutual Aid Association, Cincinnati, O.
 Masonic Life Association, Buffalo, N. Y.
 Western Mason Mutual Life Association.
- Fraternal Beneficiary Associations.**
 Alpha Tau Mutual Benefit Order.
 American Benevolent Association.
 Alvarado Benefit Association.
 Ancient Order of United Workmen.
 American Knights of Liberty.
 American Woodmen (Supreme Camp).
 Ancient Order of Pilgrims.
 *American Guild.
 American Fraternity, Incorporated.
 Benevolent Knights of America.
 Bohemian Roman Catholic Union.
 Bosque Aid Society.
 Benevolent Order of Colored Woodmen of the World.
 *Brothers and Sisters of Love and Charity.
 *Brothers and Sisters Christian Association, Marshall, Texas.
 *Brotherhood of American Yeomen.
 Bohemian Slavonian Benevolent Society.
 *Band of Helping Hands.
 Cooke County Mutual Association.
 Citizens Mutual Aid Association.
 Columbian Woodmen.
 *Colored Woodmen of the World.
 *Catholic Knights of America.
 Endowment Department Knights of Pythias (Colored).
 Endowment Rank Knights of Pythias.
 Fraternal Endowment Order of the Mutual Aid and Protective Association.
 Family Hearth Society of America.
 Fraternal Brotherhood.
 Fraternal Mystic Circle.
 Friend in Need Society.
 Famobrosia Society.
 *Fraternal Tribunes.
 *Fraternal League of Chicago.
 *Fraternal Home.
 Fraternal Union of America.
 Fraternal Relief Association.
 Gate City Mutual Burial Association.
 Globe Mutual Benefit Association.
 Guaranty Funeral Benefit Association.
 German Mutual Benefit Association.
 Golden Rule Society.
 Grand Fraternity of Pennsylvania.
 Home Circle Society of Texas.
 Home Insurance Company.
 Home Protection Association.
 Home Mutual Society.
 Home Mutual Life Association.
 *Home Protective Association of Texas.
 Heralds of Liberty.

- Home Relief Association of Texas.
- Highland Nobles.
- Independent Order of Moreland Bros.
- Independent American Knights of Liberty.
- *Independent Order of Calanthe.
- Independent Order of Forresters.
- Industrial Mutual Indemnity Company.
- *Ineeda Insurance Association.
- Independent Order of Knights of Union.
- Knights of Canaan, Vicksburg, Miss.
- *Knights of Columbus.
- *Knights and Daughters of Tabor.
- Knights of Honor (Supreme Lodge).
- *Knights and Ladies of Honor.
- *Knights and Knights and Ladies of Honor of the World.
- Knights of the Maccabees of the World.
- Knights of the Modern Maccabees.
- *Knights of the Protected Ark.
- Knights of the Lone Star.
- Knights of Agriculture.
- Ladies of the Modern Maccabees.
- Ladies of the Maccabees of the World.
- Loyal Americans of the Republic.
- *Loyal Protective Association.
- *Manhattan Mutual Benefit Association.
- *Masons Annuity.
- *Modern Brotherhood of America.
- Modern Order of Praetorians.
- Modern Workmen of the World.
- Modern Protective Association.
- *Mosaic Templars.
- Mutual Aid Fund Association.
- *Mutual Benefit Society.
- Mutual Life Insurance Association.
- Mutual Protective League.
- Mutual Relief of Coryell County.
- Modern Circle.
- Modern Woodmen of America.
- *Mutual Life and Accident Association.
- National Benevolent Society.
- National Burial Association of America.
- National Protective Union.
- Neighbors Aid Association (Colored).
- Neighbors Burial Association.
- *National Mutual Benefit Association.
- *Negro Farmer Association of America.
- *Order of Pendo.
- Order of Commercial Travelers, Columbus, Ohio.
- Open Door Fraternal Association.
- Order of Mutual Protection.
- Order of Brith Abraham.
- *Pathfinder.
- *Prudent Patricians of Pompeii.
- *Protective Benefit Assurance Association.
- Royal Achates.
- Royal Family Heroes and Heroines of Friendship.
- Royal Fraternal Union.
- *Royal Knights Sceptre and the Ladies' Home Palace.
- Royal Home Guard.
- Select Knights of Texas.
- Select Pilgrims.
- Southern Mutual Benefit Association.
- Southern Music Teachers' Association.
- *Southwestern Mutual Benefit Association.
- Slovanska Podporijici Jednota.
- Sons of Hermann (Grand Lodge of Texas).
- Supreme Southern Family Circle.
- Sons and Daughters Progressive Association.
- Texas Funeral Association.
- Texas Ministers and Christian Fraternal Association.
- *Toilers' Fraternity.
- Travelers' Protective Association.
- Texas Mutual Benefit Life Association.
- Tribe of Ben Hur.
- United Brothers of Friendship of Texas.
- United Benevolent Association.
- United Friendship Order of Silver Fleece and Leaf.
- *United Commercial Travelers.
- United Order of the Golden Cross.
- United States Protective Society.
- *United States Fraternal Insurance Company.
- Woodmen of the World (Soverign Camp).
- Woodmen Circle (Supreme Forest).
- Worlds Fraternal Association.
- Williamson County Burial Association.
- Walker County Benefit Association.
- Western Life Association.
- Young County Relief Association.

*Chartered but not licensed to do business yet.

†Not doing business yet.

‡Application pending.

BOOK REVIEWS

A NON-SURGICAL TREATISE ON DISEASES OF THE PROSTATE GLAND AND ADNEXA.

By G. Whitfield Overall, A. B., M. D. Chicago.

This work of 228 pages is well-written and shows considerable research work on the part of the author. Some of the chapters are exceptionally well written.

Attention is called to three new and original methods of treating prostatic troubles, which is of special interest, as they have never previously appeared in print.

First, on pages 64-65, etc., the reader will note an illustrated instrument that is especially commendable in diagnosis and treatment on account of its simplicity and cheapness. It largely replaces the endoscope. Attention is also called to the instruments on pages 102-103 and 136-137. Order of the Rowe Publishing Company.



SAUNDERS' NEW BOOKS.

Messrs. W. B. Saunders Company announce for publication in the early Fall the following excellent and practical works:

Keen's Surgery; Its Principles and Practice (Volume I).

Sobotta and McMurrich's Human Anatomy (Volume III).

Webster's Text Book of Gynecology.

Hill's Histology and Organography.

McConnell's Pathology.

Morrow's Immediate Care of the Injured.

Stevenson's Photocopy (Retinoscopy and Skiascopy).

Preiswerk and Warren's Atlas of Dentistry.

Goepp's State Board Questions and Answers.

Lusk's Elements of Nutrition.

The most notable announcement is the new work on Surgery, edited by Dr. W. W. Keen, complete in five octavo volumes, and containing over 1,500 original illustrations. The entire work is written by the leaders of modern surgery—men whose names are inseparably associated with the subjects upon which they have written. Without question, Keen's Surgery will represent the best surgical practice of today.



THE JOURNAL

OF THE

Arkansas Medical Society

VOL. III

LITTLE ROCK, ARKANSAS, OCTOBER 15, 1906

No. 5

Papers Read and Discussions on Same

Before the Arkansas Medical Society, Hot Springs, May 8-10, 1906.

ACUTE TOXEMIAS OF PREGNANCY.

(By Dr. H. C. Dunavant, Osceola.)

Gentlemen of the Arkansas State Medical Society: The subject of my paper is one that has long been delayed, but I think the status of this disease is now sufficiently established to challenge the attention of all medical men. Its etiology, pathology, symptomatology, clinical varieties, causes, terminations, diagnosis, prognosis, prophylaxis and treatment, demand our attention. I know this is a subject of profound study and requires a more facile pen than is wielded by your humble servant; but my excuse, if an excuse is necessary, is the fact of having met with during the past year some fatal cases with unusual and exceptionally rare complications. I shall not attempt to make a display of any original research, for this is not possible and is not expected from an ordinary general country practitioner.

May 19, 1905, was called to see Mrs. McP. and found her suffering with severe herpes on left upper arm. Shoulder and neck to edge of hair and over left side of her face. The lesions appeared in clusters, did not coalesce, itched or pained severely and there were several crops of them, and all left deep pigmentations. She was very nervous, could not sleep, in fact so irritable were the parts that she could not bear for the lightest clothing to come in contact with the parts.

There was no hereditary diathesis that I could learn. I waited on her mother when she was born about twenty-two years ago, mother and father both living and healthy. This lady married some five or six months previous to this sickness, was living in a nearby town in this state and was active in her social duties previous to this visit to her parents in my town in May, when she was stricken down.

As near as I could learn she was about three and one-half months pregnant. Examination of urine was negative, no albumin, no sugar, no cast; color, acidity and specific gravity normal. Her temperature ranged 101, pulse about 98 to 100, until towards the end when temperature and pulse each rose, tem. 104, pulse 120.

Her capillary circulation was bad from the first, skin dry and of a dead unnatural feeling.

Bowels inclined to constipation and color of actions light. She passed from two and one-half to three pints of urine a day.

First, gave calomel purge followed by one-half grain Proto. iodide Mercury every four hours. Gave arsenic, iron and strychnia, full dose three times a day with constant quininism.

Locally I found an application of resorcin, menthol, carbolic acid with white oxide of zinc made into an ointment, gave more relief than anything else. Under this treatment she improved and I had hopes of carrying her through to her full term. However, the parts where the herpes were situated remained irritable to such an extent that she could not bear clothing over the parts. She remained in this condition until the night of June 25, when I was called about midnight to again see her. I found her with a slight fever, temperature 101, pulse 98. She was suffering the most intense pain in her left foot, but there was absolutely no redness or swelling, no objective sign to indicate trouble. Gave morphine one fourth grain, hyoscin, hydrobromate one-one-hundredth which made her comfortable for about eight hours, when I was again called and found her suffering the same intense pain, but found it had changed its location from the left foot to the right hand. This right hand was swollen, with some redness and as long as she lived she would scream out with pain whenever one touched it. Her urine had now become scanty though there was no albumen, nor sugar, nor any cast; color of bowel actions still light, though I had constantly kept up the treatment outlined above, except to lessen the amount of protoiodide of mercury. On June 27, I called in consultation Dr. T. G. Brewer and he agreed with me that the uterus should be cleared out at once of its contents. This was on Tuesday evening and he was to meet me there next morning to assist me.

Next morning I was called away early some four miles to a neighboring village, and while there was hastily summoned back home, that this patient was in great pain. Upon my arrival I found labor pains had set in and I only had to wait about an hour when a complete abortion of about three and one-half months gestation passed away. There was some odor and everything indicated that the

fetus had been dead for some weeks. I immediately washed out the womb with a hot bi-chloride solution and kept up hot carbolic acid washes for the vagina morning and night. This was on June 28. For some eight or ten hours she seemed to rally and was some brighter and could recognize members of the family, but gradually sank into a comatose state and died on Saturday, July 1, at 6 p.m.

Was called June 23, 1905, 8 a.m. to Mrs. P. Second labor. I had not previously seen her during this gravida. As soon as I saw her condition I anticipated trouble. She was enormously swollen, lower limbs pitting on pressure, color icteric, temperature 100, pulse 90, urine said to be scanty and highly colored. She said her time was about up for confinement. Date given me showed her nine months about terminated. However, I gave her a calomel purge followed with saline. Secured a sample of urine, ordered hot sponge bath, infusion digitalis and acetate potash. Examination of urine showed much albumin. Specific gravity 1,008 with cast. Was called next morning June 24. at 4. a.m., and found her in labor, which advanced uneventfully to a normal delivery at 7 a.m., or three hours from the time I was called. Child was living, and is still living and healthy. I looked for convulsions during her labor, but she had none, although she had complained of pain in her head. Before I left her I gave her about twenty-five grains each of chloral hydrate and bromide of soda, and went home congratulating myself upon getting through with the case so well, when at eight o'clock, just one hour from the time of her delivery, I was hurriedly summoned to her again and found her in a convulsion. Of course I thought I could control them. They were returning about every ten or fifteen minutes. I immediately gave her ten drops of Norwood's tincture veratrum vir. hypodermically and applied chloroform. She continued to have convulsions. I repeated the veratrum vir. and kept up the chloroform to narcosis. Whenever the chloroform was withdrawn enough to relieve the deep narcosis, the convulsions would return. Knowing that our text books say when you can bring the pulse down to fifty or sixty that the convulsions would cease, I pushed the veratrum until her pulse came down under 40, and immediately on withholding the chloroform, the convulsions would return. I then gave one-half grain morphine hypodermically. Convulsions continued, and at her husband's suggestion I called in one of my neighbor practitioners who suggested pilo-carpin; we gave the pilo-carpin to its full physiological effect. The convulsions continued and the secretion excited by the pilocarpin soon filled up her lungs and she died at 2 a.m., having had something near thirty-five or forty convulsions during the day and night.

My experience and the text books had made me believe that convulsions would cease after bringing the pulse down to forty or fifty. Since June 24, I do not believe it.

Now, gentlemen of the Society, here are two cases of acute toxemia of pregnancy, both

proving fatal and, as I think, of entirely different etiological factors.

The first case, I think should be classed as acute fulminant type of toxemia of pregnancy, depending upon and caused by, hepatic insufficiency with extensive lesions of that organ.

The second case can also be classed as acute fulminant type of toxemia of pregnancy depending upon renal lesion. Edgar divides these typical cases into three stages, the first, or premonitory consists of prostration, headache, and vomiting, and says in some cases this stage may advance unobserved, while in other cases the acute type develops on a background of toxic symptoms of moderate severity, which may persist for weeks.

The second stage is pre-eminently neuro-pathic in type, the cerebral cortex and nerve centers generally being involved. It is expressed by restlessness, agitation, insomnia, mental confusion, etc.

The third or terminal stage is one of apathy, hebetude, somnolence, stupor, coma, and death. In some individuals, either from the intensity of the toxic poison or from temperamental peculiarities the second stage is wanting, the patient passing at once into the terminal stage, just as my first case did with slight convulsions and tremors a few hours before her death.

Ewing, of Cornell, who has made a closer study along these lines than any one in the United States, says that in all these cases, both typical and atypical, a careful search will discover various lesions, consisting of necrotic areas or extreme granular and fatty degeneration in the liver.

Tarnier is supposed to hold priority in announcing the fact that the liver undergoes some change in all gravida such as steatosis or fatty infiltration of the parenchyma.

There are three sets of etiological factors to be considered in connection with the toxemia of pregnancy: 1st., pregnancy itself, heredity, and a previous history of toxemia. 2nd., nervous instability, the menstrual epoch and mechanical factors. 3rd., acute toxic substances in the blood or toxic state of that fluid. The exact relation of this class of factors to the hepatic insufficiency is problematical because a viscous circle is involved. Metabolism is on a spree, and the toxic state in the blood, by throwing additional work on the liver, is sure to cause a partial suspension of its functions which in turn causes the accumulation of more toxic matter in the blood.

It must be plain to any mind, that since the liver of the gravida is in a state of overwork, it cannot be expected to fix and neutralize all the poisons or chance factors met with in the circulation.

Pregnancy itself by cessation of menses throws an immense amount of work on the liver to dispose of the suppressed monthly flow. This with other casual factors, I think will amply explain the failure of the liver in rare cases of pregnancy and account for the condition of my first case. Her system was so overwhelmed with toxic poison that it was impossible to eliminate it.

The important characteristic of acute toxemia of pregnancy is its unexpected appearance

and its extreme fatality. Despite the theory of premonitory danger signals experience teaches that this condition often does appear without warning in women apparently in the best of health and at any stage of pregnancy. Recovery is a very rare termination of this condition, and the favorable outcome which has been claimed for individual cases is so infrequent as to discredit the accuracy of the reports.

The fetus usually dies before expulsion, for acute toxemia does not as a rule tend to interrupt gestation in any other way. "Emptying the uterus is without influence on the course of the disease." This is as near as I can remember Ewing's language, but I believe when a physician becomes convinced that his patient has a dead fetus in uterus that he should relieve her of it. I am free to acknowledge that I never met a case with such grave symptoms as my first case presented. I had never met a case of herpes gestationis nor had I ever met a case of such acute pains, and seen such a sudden metastasis from one lower extremity to opposite upper extremity.

In a practice of over thirty years with considerable obstetrical work, and the usual number of eclampsia cases, with one single exception, had I ever failed to control convulsions and save the woman.

The etiology and pathogenesis of eclampsia I suppose has been discussed as much as any disease we have to contend with in the whole catalogue of evils. Rager was first to observe and call attention to the coincidence of pregnancy and nephritis, and not long after him Lever called attention in "Guy's Hospital report," in 1843, to the frequent occurrence of eclampsia in pregnant women whose urine contained albumin, and from that time on down various authors have advanced theories as to the etiology of eclampsia.

A parasitic origin for the kidneys of pregnancy has been assumed by many as Deloris, Blanc, A. Favre, Gerdes, Hergot, and refuted by such men as F. Hofmeister, Haegler, Fehling and Doderlein. These many and varied views of the etiology and pathogenesis of the pregnant kidney is to be expected, and I think should satisfy any mind that the factors vary much in individual cases. Statistics show that albuminuria is not always present in cases of toxemia or pregnancy. Let us emphasize the fact that albuminuria in a pregnant woman does not necessarily mean nephritis. "We may have the so-called functional albuminuria depending upon gastric insufficiency."

True albuminuria of pregnancy generally sets in about the 25th week, and is of such common occurrence that some recent authors claim it as a general rule, and it is now believed to occur irrespective of parity.

Remember that the amount of urea excreted is a more important factor in prognosis than that of albumen. You will find the symptoms of Toxemia decrease with the increase of urea found passing off in the urine.

We should know that the pregnant kidney has to do the work of two organisms, and as there is a lack of room to do the work there

must be pressure on the kidneys and ureters, hence the excretory products which normally would be carried off and thrown out of the system, remain in the circulation, and undoubtedly irritates the nerve centers, and thereby bring on an eclamptic attack, the stimulus being supplied by the labor pains.

Let us look at the difference between uremia proper and eclampsia. Uremia develops either from sudden suppression of urine or when the parenchyma of the kidney has been slowly destroyed. Eclampsia does the same thing when the pregnant kidney has reached a certain stage in its degenerative course, but eclampsia also develops in a pregnant woman when the urine excretion is still normal, and in cases where the kidney shows no lesion and albumen is absent, uremia can be charged to suppression of urine, while eclampsia involves the whole viscous circle. Italian obstetricians say that dyspnea, one of the most constant symptoms of uremia, is not encountered in the eclamptic condition. Uremia implies a permanent discontinuance of the urenal functions, is sure to end fatally, delivery confers no benefit; while eclampsia is not necessarily fatal, and the pregnant kidney can and often does undergo revolution, and restoration to normal health. We have much to learn and to unlearn in regard to this state.

Could we with the microscopic eye behold the metabolism, the anabolism and the catabolism going on in liver, kidney, spleen, and other organs of the body we would then be in a condition to learn something.

As it is I believe the subject of Toxemia of pregnancy is in its infancy. We all know it is a most insidious disease, masked under various anatomical pictures.

I shall not mention anything about treatment. I named my treatment of the reported cases, and hope you will freely criticize it.

Prophylaxis expresses the whole treatment.

In conclusion I want to state that these two cases coming so close together in my practice have worried me much, and continue to worry me, and I have brought them before this Society with the hope of getting some light from your discussion which I hope will be pointed and free.

DISCUSSION.

Dr. Runyan: We are inclined to look upon pregnancy, it seems to me, with too small a degree of respect, inasmuch as it is a normal physiological process. But, we must not forget that every woman who gets pregnant is not perfectly normal and healthy otherwise. Therefore, I think that we, as doctors, have been derelict in our duty to a certain extent in failing to educate the laity, so to speak, along certain lines. I do not believe that we ought ever take charge of a case of labor without having been allowed to follow the case from the beginning of pregnancy up to the full term. In that way, we are able to prevent just what the doctor has met in these two cases. We know that the cause of these toxemias primarily is lack of elimination. If the patient is fairly healthy, she will have normal elimi-

nation without any assistance; but, if she appears to be abnormal in any respect, run down at the heel, so to speak, then toxemia will bob up. And, if we are not allowed to watch them from the beginning to the end, we are all going to meet with cases just like Dr. Dunavant has in these two cases, and as he has brought out in his paper.

The key-note of the treatment is prophylaxis. I think we would do more good by educating the people to notify their family physician as soon as pregnancy takes place, and allow him to see that patient from time to time, and as often as the doctor may desire, and not see him in a casual way, but they ought to be educated up to the point of paying for the services. In that way, the doctor can afford to give his time to the case, and in that way only can the patient get the very best results. The doctor must determine how often he must see his patient. In some cases, may be once a month would be all that is necessary, and in other cases it may be necessary to see the patient every day or once a week for several weeks before gestation is over.

Some of the worst cases of convulsions occur after the child is born, as in the case that Dr. Dunavant reported. I remember that the worst case of convulsions that I ever saw in a case of this kind was in a case I had suspected of convulsions. inasmuch as there was great oedema of the lower extremities, constant headache, and all those symptoms that we know are the forerunners of trouble during delivery. For that reason, I had watched this case fairly closely two weeks before delivery. I had only been called to the case two weeks before the full term. I found her in a condition that led me to suspect that I was going to have trouble, and I told her she had been wrong in not notifying the physician a long time before. But I suppose every one of you have had the same experience. They have been notified two weeks before or maybe two minutes before for the first time. It is because the patients are ignorant on these lines, and it is that kind of work that we have to do. I was called to this case, however, and I began giving eliminants freely for the past two weeks, and when I got through had delivered her of twins, two fine girls, and remained with her for about an hour, and saw she was all right, and there were no convulsions. I congratulated myself. I would have stayed a little longer, but was called away to see another case, and told them where they could find me. In two hours from the time I left, which was two hours after delivery, I went back and found this woman in great convulsions. She had one or two before I got there, and continued to have convulsions for nearly twenty-four hours in spite of everything that could be done. We did blood-letting, and gave veratrum and all those things usually prescribed. But, we began to get in some salts or something of the kind to move the bowels, and finally succeeded in curing the case.

But, the point I want to impress upon you is that we should see our cases early and continue to see them, charge the patient for the service, and be sure you give good service.

No matter how conscientious you may be, if you are not going to charge for the service you are not going to render as good service as where you charge for it.

Dr. Crutcher: I want to commend the paper because it marks another step in the splendid study now going on that is eventually going to prevent a great deal of eclampsia, if not eliminate it altogether. Many of you will remember a year ago I reported some cases of eclampsia, and took some ground in regard to it that was not supported by all of my colleagues. I am very proud to-day to find that it is absolutely supported by Dr. Dunavant. A little further experience has supported the ground I took still further.

There is one case I wish to report, if it is appropriate to report a case in speaking on another's paper, bearing directly on this subject, and supported by Dr. Dunavant and myself.

A young woman, her first labor, was attended about two years ago by a Little Rock colleague, a good man. He was called to find the woman in convulsions, and the child not born. It was the first time he had ever seen her. The child was delivered, and the woman saved by the aid of some of his old colleagues, and some very vigorous work. He advised her that if she ever became pregnant again, to immediately consult a good physician. She moved to Pine Bluff, and last August or September her husband asked me to go and see her. I had never seen her before that. She was then two or three months pregnant. She told me of her history, these convulsions in Little Rock, and how near she came to dying. I began to give her a little treatment as she needed it, and watched her very closely, and I continued to do so through her pregnancy. I tried to explain to her as fully as I could exactly the causes, or, at least my idea of the causes, of these convulsions, how she must avoid them, what symptoms would lead her to send me word, etc. She did not have headaches. We overcame any tendency to constipation. I examined her urine at repeated intervals until, I believe, it was about three weeks ago, when I wasn't feeling well and did not see this woman for about two days. But, at the last visit I made there, and the last specimen I examined, it was in excellent order. There was no complaint of a single premonitory symptom of eclampsia. I was called over there one night late in March. They thought she was in labor. I found her lying on the bed; she told me she could not see anything. Still, her pulse was slow and hard. I told them she wasn't in labor, and I didn't want her to get in labor if I could help it. I found her bowels had not moved for a few days; still, she sent me no notice. I wrote a prescription of three drops of croton oil, twenty grains calomel, and a little extract of belladonna, and divided it into six capsules, and gave directions to give one every two hours. I saw her at 9 o'clock that night and the medicine had begun to act, which it did most vigorously. At 12 o'clock that night, I directed them to give a teaspoonful of sulphate of soda every three hours. I saw her

at 8 o'clock in the morning feeling very good. Her kidneys were acting freely, too. At 11 I was called back, and she had a baby born at 12.

I forgot to mention that at the visit when I found her blind, I took a specimen of her urine with a catheter. I examined the urine and found nothing whatever wrong with it, except a light specific gravity.

Dr. Guthrie: I have nothing but words of commendation for the manner in which Dr. Dunavant reported the cases. Most of us like to report the cases that live and do well. I commend him for that.

I want to express my approval of Dr. Runyan's remarks, in which the key-note was sounded, that the physician should be called in time. Dr. Dunavant was helpless in his last case, because he was called in when they needed the undertaker, perhaps, worse than the physician. That is the point.

I only wish to add to the thought that was advanced about the elimination of morbid products. Elimination being the most important thing, I wish to add one point in the treatment, and that is that in all of these cases, whatever may be written or said, the kidneys play a most important role. Where the kidneys are involved, when the destructive metamorphosis increases, and the urine is scanty, and we have a highly concentrated acid urine or albuminuria, there is going to be trouble right away. The water habit, especially when we have an acid concentrated urine, will restore the blood to its normal condition, and we can restore the urine, that is, reduce its hyperacidity, with any of the alkalis which we might select.

We should impress upon the patient the necessity of drinking plenty of water whereby the kidneys will be flushed, as it were, and where the concentrated salts, where the concentrated matters will be diluted and passed off promptly. I wish to add that one point. Whenever I find conditions of that kind, I advise the patient to take up the water habit; to drink water in the morning, and get a drink of water the last thing at night. I think that is one of the most important agents of prophylaxis, to see that the kidneys act freely.

Dr. Meek: I believe like Dr. Runyan that a woman who is pregnant, especially her first pregnancy, while she should not be treated as a sick woman, she is one who already has the germs of disease laid in her system. We ought to teach the public that the woman is likely to become a sick woman at any time.

Speaking of elimination, we all know that is an important thing. I would say in a majority of cases to revive the lost art practiced in the treatment used by our forefathers, venesection. I was forced to this in my first case. It was in the hands of myself and another doctor.

We used veratrum, hypodermics of morphine and chloroform, and everything of that kind, and did no good. The patient had a sister who a year or two before had been treated by a common sense doctor successfully while in the same condition. She came to us and

implored us almost upon her knees to bleed the patient. She said some doctor who did not have much book learning but a large fund of common sense bled her. We thought the woman was going to die, so we bled her and she recovered. You can always restore the lost blood in a little while by a normal saline solution under the skin. It is very easy to bleed a person when once you do it. How many men come out of our colleges who never saw a lancet?

Regarding pilo-carpine, I think that is a murderous remedy. It is a powerful remedy.

The paper is as able a paper as I ever listened to on the subject of Toxemia in pregnancy.

Dr. Bourland: I wish to commend the paper. It is especially interesting to me, as I have a case on hand that I am treating, who had eclampsia following her last delivery. The case since pregnancy has fallen into my hands. As to the kidneys, I never examined for any traces of albumin, but I frequently find derangement of the kidneys. At times the specific gravity is as high as thirty-five. At those times, I find it alkaline. This case has some pain in one ovary and the uterus at times, floating specks before the eyes and other symptoms. It is a case that has required a good deal of thought. I have thought seriously on the matter, and it is a little difficult for me to find out, as is often the case, what is the source of irritation. The other trouble she has is eversion of the cervix uteri. In interrogating her regarding the specks before her eyes, she stated that only one of the eyes seemed to be affected. So, I thought I would consult Dr. Moulton and some of the advanced oculists. So, with so many points of irritation in this case from which the convulsions might arise, it makes the case in my opinion a very complex one. I have treated the case for about two months now. The eclamptic fits, or fits of this nature, had been recurring at the monthly periods, and sometimes between the periods, subsequent to her last confinement. Since I have been treating her, I have kept the bowels in good condition and have watched the kidneys. I do not use any of the bromides because they seem to have a bad effect upon her. I have taken the other course and placed her upon good condition with phosphate of soda, a iron, strychnine and things of that kind, and arsenic to build her up, keeping the bowels in compound of liquorice powders and things of that kind. I find it has so far been very beneficial.

These cases reported by Dr. Dunavant have been of especial interest to me on account of having this case on hand at the present time. I think the paper is more interesting than any other that I have heard read during this meeting.

Dr. Brooksher: I have certainly enjoyed the paper. The two Toxemias brought out by Dr. Dunavant are perhaps two of the most important complications that the obstetrician is likely to meet with.

Here we have two toxemias of a radically opposite character; in one, the eliminative

treatment. That treatment, in the majority of cases, is successful. Unfortunately for the doctor, it was not successful in this case. They will die sometimes, and they did in his case. In that case, the toxemia is due to the lack of elimination, as I take it, of the finished product, because of the diseased condition of the eliminative organs, probably the kidneys. In the other case, the Toxemia is probably due to a lack of transformation of the products that have been taken into the system for assimilation. The organs of digestion and assimilation in the one case have probably, so far as we know at present, not done their full duty, and the poison is absorbed and taken into the blood through the failure, as I say, of the organs of digestion and assimilation failing to perform their duty. While, in this case, we would probably insist on elimination, because we don't know anything else to do, I take it that elimination will do no good. It does not do any good. The difficulty in these are that they die. And, though it probably occurs more frequently in pregnancy, it is not peculiar to pregnancy. This condition occurs in women who are not pregnant, and also in men. It is a disease probably, indicated by the paper, due to the degenerative condition of the organs of digestion, and especially of the liver. In cases of that kind, while I have no personal experience, from readings and observation, the chances are that the patient will die anyway. The poison or toxemia is not due so much to a lack of elimination of the finished product, as it is to a lack of transformation of the products that go to build up the system and support the vital forces; a disease which we, up to date, do not understand, a disease degenerative in character, probably of the liver or digestive organs.

Dr. Meriwether: The main thing that confronts most of us is what to do when we find these cases. I live in a section of the State where ninety per cent. of the population hardly ever call upon us in obstetrical work except in those cases in which they have difficulty. In a great many cases, we are called upon only when they are having convulsions. I believe in ninety-five per cent. of the cases of convulsions that I have seen, they have come on prior to delivery. From all those cases that I have had before delivery, I have had very little bad results, but in most all cases that have come on after delivery I have had a great deal of trouble. I find that the use of veratrum has produced no results; none whatever.

I wish to report a case of the wife of a colleague of mine in a neighboring town. It was her second delivery. She had been having convulsions for nine hours at a time when I first saw her. The doctors in attendance had been trying to dilate the cervix to bring about a delivery, but found it impossible. The cicatricial tissue was such that they could not dilate it. When I first saw the case, after making an examination and getting the history from the doctors in attendance, I advised that the best thing to do was to make an incision in the posterior lip, a simple slit

right through the posterior lip of the cervix, at the median line. When I did so, I found the placenta bulging down into the opening in which I dilated my hand, and I just kept on cutting with my knife until I got through the placenta. I placed on the forceps, and delivered the child alive, and the mother had no more convulsions after delivery and went on to a nice and ripe recovery. Two years later, however, in a pregnant condition she died of eclampsia.

Dr. Dorr: I want to talk something about the treatment in these cases. One doctor gets up and wants to give veratrum, another pilocarpine, and another wants to condemn pilocarpine. I give it in every case, and do just like the balance of them. I give so many remedies that I do not know what cure to adopt. We all use so many things that we don't know really what is the beneficial remedy. It is all elimination. If you give pilocarpine and your patient dies, you say it is due to the pilocarpine. I never treated a case in my life that I didn't give it, and in those cases where I gave it they got well. If a man gives pilocarpine and gets too much effect, give a little atropine, and you remove the effect at once. Nobody ever heard of any one dying from pilocarpine who wasn't already sick. If you give too much give atropine, and it will counteract it in fifteen or twenty minutes. The only thing is to eliminate. As far as veratrum is concerned, I am on the other side. I never gave it to but one patient and it died. I guess it is right to say that the veratrum killed the patient, but I do not believe it had anything to do with it. But, there is nothing in the world to do but to eliminate, and it does not matter much how you do it so that you do it quickly. (Applause).

Dr. Driver: An ounce of prevention is worth a pound of cure. I don't believe there will be one case in a thousand where the laity is under the treatment of a competent physician. I think it is elimination.

I have had a few cases, not very many; but I have had some cases in which there was no eclampsia. We haven't heard of any of those mentioned to-day. In those few cases, they invariably died.

Now, there is not very much to be said, only what has been said. I never used veratrum in my life, and I never intend to. What few cases I have had, they were prompt enough in the use of chloral and the bromides. I use morphia hypodermically, and hydride of chloral to control those paroxysms of eclampsia. I use a large dose of chloral, fifty to sixty to seventy-five grains, in the rectum. I have in most cases, those cases that would live anyway, had success.

Some one reported here, I don't know who it was, the calomel treatment following the eliminative treatment, something to clear out the intestinal tract. It is an auto-poison. If the patient, as I have said before, has the preliminary treatment, she will never have any eclampsia.

I think Dr. Dunavant's paper was a very

excellent one, and I would like to hear it discussed further.

Dr. Walt: We all realize that elimination is the main thing. Pilo-carpine is a good remedy. I don't necessarily give the patient pilo-carpine to its full physiological effect. I do not think it is necessary that we should produce sweating or perspiration every time. But it is necessary to keep the glandular secretions active. Calomel, salines and croton oil are our main eliminants in the alimentary canal. I do not think it is necessary to carry pilo-carpine to its full physiological effect in every individual. I think veratrum is one of the finest eliminants we have. It is certainly very fine as a vaso-motor dilator.

Dr. Dunavant: I feel flattered that my paper has been accepted. I want to thank you all for what you have said. Regarding my second case, in using this pilo-carpine, it was against my will. I do not like it. But I was called in consultation by one of my colleagues, and he recommended it and what else was I to do? I believe that is the ethical point, to yield to your consultant when you are called into a case. I was willing to use it and did use it, but I think it was to the detriment of my patient. He insisted on using pilo-carpine, and I yielded.

There was something said about the sponge bath not being the thing. I did not recommend the sponge bath, but the hot bath. He encouraged the sponge bath because the patient's skin was dry. The secretions were all clogged. We put the skin in as good a condition as we could, and eliminated everything we could in the way of poisons from the system. I used an injection of digitalin with acetate of potash, because I believe I have found more good results from that than any other. These two cases were two prominent women in my practice, and I want to assure you that they gave me a great deal of trouble, as it would any of the balance of you, and I have lost a good many night's sleep studying about those cases, and determined to bring them before this Society and see what you had to say about them.

—X—

A CASE OF UNCONTROLLABLE VOMITING IN PREGNANCY NECESSITATING IN- STRUMENTAL INTERFERENCE.

(By Dr. J. W. Meek, Camden.)

The paper promised to Dr. Rhine, Chairman of the Section on Obstetrics and Gynecology, was to be the "Report of a Case of Placenta Previa," and is so recorded in our printed program; but since that promise was made I have taken the liberty of changing the subject, and give a report of a case of instrumental abortion to save a patient whose life was seriously jeopardized by the uncontrollable vomiting of pregnancy.

Case of Mrs. ———, age near thirty years; married near four years; usual health excellent; no children; fine physique; had twice aborted since her marriage—once at six weeks and another time at four months; each time,

she states, as a result of extreme nausea and vomiting. One of these abortions was spontaneous—that at six weeks. The second at four months, she says, was induced by the doctors; but from her statement no instruments were used.

I saw her first on February 9, 1906, and her history was that she was six or eight weeks pregnant, and had vomited incessantly for the past two weeks. Her appearance was pale and anxious, bowels not constipated; pulse 110 and rather weak; temperature normal. She and her friends stated that as far as known she had retained nothing, not even a teaspoonful of water, for the past fourteen days. She had been prescribed for once or twice by a good physician without benefit. When seen by myself, a teaspoonful of albumen water, ice water, or hot water, would immediately excite the most extreme vomiting with violent retching and a severe heart pang just over the pericardium, accompanied each act of vomiting. Was also slightly jaundiced.

All the usual remedies were tried: Bismuth, creosote, lime water, menthol of brandy, liquid peptonoids, pano-peptin, minute doses of calomel dropped on the tongue every half hour, ice to back of stomach and also to back of neck; but nothing gave the slightest relief except a hypodermic of morphia, and this only for one or two hours. For two days these remedies were continued with intervals of giving nothing for several hours; but matters went from bad to worse. The vomited matter became green in color and at times contained clots of blood. Unless fully under the influence of morphia hypodermically, every act of vomiting gave rise to the severe heart pang. So extreme was the retching that I feared that the severe muscular contraction would force the blood current back on the heart to such an extent that a rupture of the valves or an acute dilation of the heart might occur. This I believe occurs more frequently than is usually supposed.

Chloral hydrate with strychnine to counteract its depressing effect upon the heart, was also used by enema, but without benefit. After two days of unrelenting effort, without the least improvement—with the history of two previous abortions from this same cause and with the patient growing each day weaker and pulse more rapid and feeble—I decided, without consultation, to induce an instrumental abortion. Our masters of obstetrics tell us never to do this without a consultation. This advice, I presume, is for protection in case of damage suits or suits for malpractice, but in this case the patient and relations were opposed to a consultation at this time, and I decided to "go it alone" and risk the consequences. I did not wish to use an anesthetic if it was possible to avoid it, so I only painted the cervix and its cavity with cocaine for its moral effect. The patient was so extremely weak that she was with great difficulty placed across the bed. After this a speculum was introduced; the vagina cleansed with green soap, a douche of 1 per cent lysol solution administered and a Palmer's dilator introduced into the cervix beyond the internal os. The os uteri

was gradually dilated laterally and antero-posteriorly to the extent of half an inch. This caused a slight oozing of blood. The cervix was, after again douching, packed firmly with plain antiseptic gauze. A full vaginal tampon of gauze was then applied to retain the cervical pack, and a T bandage applied.

The patient vomited as usual through the next twenty-four hours—got no morphia—had no labor or expulsion pains—had no hemorrhage, and at the end of twenty-four hours, when tampon was removed, was no nearer an abortion, as far as appearances indicated, than she was a week before.

After a few days waiting, without any abatement of symptoms and no evidence of the uterus discharging its contents, Dr. C. M. Morgan, of Camden, was called in consultation, and he, after a thorough investigation, agreed that to save the life of the patient the uterus should be emptied. At this time, the patient's pulse was 120 per minute and weak—no temperature.

As I knew him to be a very careful anesthetist, I requested him to administer the chloroform. This was done after a hypodermic of morphia, atropia and strychnine. Observing the usual antiseptic precautions, the cervix was dilated by a Goodell's dilator, to one inch every way. A blunt curette easily passed in to the extent of four inches without meeting with any obstruction. It was gently carried all over the interior of the uterus and up into each of the cornua and nothing was felt. The writer has performed his share of curettements as a general practitioner, and has had his share of experiences in this line, but to him it seemed to be an *empty uterus*. I even called my assistant to come to my part of the field and witness the ease and extent with which the instrument passed apparently all over the interior of the uterus. Finding nothing to curette away, I packed the vagina with an antiseptic gauze tampon and left her.

No abatement of symptoms followed the dilatation and no uterine contractions were induced. Another physician, Dr. J. S. Rinehart, was called in consultation, and although no abdominal or extra-uterine tumor was discovered, we all agreed that the probabilities were that we had to deal with an extra-uterine pregnancy.

For a few days, everything was vomited: water, lumps of ice, iced wines, hot water, albumen water, pano-peptin, "*et id omne genus*."

On one occasion the patient, though vomiting every fifteen minutes, told me she was hungry. I said: "What would you eat if I gave you permission?" She said: "Brown toast." I ordered it and presto! it stayed—the first in weeks. I ordered more brown dry toast and it also agreed. In addition I order pop-corn well flavored with a liberal sprinkling of chloride sodium. She vomited no more, and in a week she was out of bed. But the end is not yet.

March 4, three weeks after the first dilatation, and nineteen days after the second dilatation and partial curettment, she began to have

labor pains, and expelled clots and membranes. This continued three or four days and then all ceased. Although the discharges were personally examined and no ovum found, yet I concluded she had aborted, and the ovum supposed to be then about ten weeks of existence was thought to have been overlooked.

The patient ceased to have nausea—no hemorrhage or other discharge was present, when suddenly, nineteen days after last instrumentation, she was seized with severe pains and decided hemorrhage, and after a few hours expelled a three and one-half months' fetus with placenta rapidly and completely detached, following. She then speedily recovered.

This case is reported for two reasons, as follows:

1. The difficulty in saying positively when there is or is not a three-months fetus in utero.
2. That dry toast and pop corn will sometimes allay this form of reflex vomiting when drugs and liquid diet have proved useless.

Lesson: I believe this premature abortion might have been avoided if she had received no medicine and the natural appetite for certain articles of diet considered inadmissible, had been gratified. The articles mentioned in this case—brown toast and pop-corn—were given after a thorough dilatation of uterus—yes, three days after.

I did not pass my finger into the os and explore because such a procedure is painful without an anesthetic, and I could not afford to keep the patient under anesthetic longer.

DISCUSSION.

Dr. Canfield: I don't think a paper on a condition so commonly met with in general practice should be allowed to go undiscussed. I shall not burden you with any extended remarks; but I question the doctor's toast and popcorn theory. The points brought out in the paper that seem of importance to me, are:

1. The symptoms he describes of aggravated and continuous vomiting in pregnancy I have met with, and found a very distressing feature, one of the most agonizing of the whole gamut of symptoms.
2. A pulse of 120 with practically no temperature, as described in the last case, would lead me to contemplate most seriously the production of abortion.

My considerable experience along this line has taught me that the method of simply dilating the cervical canal and tamponing it and the vagina is not an especially satisfactory way to produce abortion. However, it is a perfectly satisfactory way of disposing of vomiting in pregnancy, to be followed by the administration of popcorn and toast!

A physician must frequently hesitate before deciding upon producing an abortion but I am convinced that many a poor woman is put in jeopardy of her life by the doctor indulging too long in seemingly prudent hesitancy. It

seems to me it would be better, after determining to produce abortion, if the operator would perform a thorough curetment and empty the uterus in the first place, instead of having to put her through three or four operations.

Dr. Meek: I must admit the cogency of Dr. Canfield's objections; but in this case the con-

dition of the patient was so extreme that I hesitated about risking the result of thorough curetment. You will remember the pulse was 120 and very low temperature—practically none; it was so extreme that I felt she could not have withstood much operative interference.



THE JOURNAL

OF THE

Arkansas Medical Society

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PUBLISHED MONTHLY, Price, \$1.00 a Year in Advance.
Single Copies 10 Cents.

Published on the fifteenth of each month under the
direction of the Committee on Publication.

Entered June 24, 1904, at Little Rock, Ark., as
Second-class Matter, under Act of Congress of July 16,
1894.

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and honorably, and in the open, whereby
they may obtain the same in a creditable
way.

—X—

EDITORIAL STAFF NAMED.

The editorial staff of the Journal of the
South Carolina Medical Association is made
up as follows: Editor, Dr. J. Williamson
Jervy, Greenville; associate editor, Dr.
Walter Cheyne, Sumter, and managing edi-
tor, Dr. Curran B. Earle, Greenville.

—X—

RETIREMENT OF PROFESSOR BOWDITCH.

Dr. Henry P. Bowditch, Professor of Phy-
siology, and for thirty-five years a teacher at
Harvard Medical School, has retired. Pro-
fessor Bowditch, together with Dr. J. Collins
Warren, carried the scheme for the expansion
of the new medical school on Longwood
Avenue to a successful issue.

SOME OBSERVATIONS UPON THE PHYSIOLOGICAL EFFECTS OF HOT AND COLD APPLICATIONS.

Every true science has its stage of development, during which time its devotees are experimenting and searching for its fundamental facts, while the interested observer conjectures, the indifferent criticize, and the opponent ridicules. And it is not to be thought strange that during this developing stage mistakes should be made on account of failure to appreciate the underlying principles. This has been the experience of the recently developed science of rational hydrotherapy.

The use of hot and cold water in the treatment of disease has been in vogue since, and even before, the days of Hypocrites, the so-called Father of Medicine. The Romans made use not only of the full bath, but also the hot air bath, the vapor bath, and hot and cold compresses. Currie was the first to make a scientific study of hydrotherapy. Soon after, in 1801, Lockette, of Virginia, published a report of observations and experiments. The experiments of Flury in France, and of Dr. John Bell of Philadelphia, and of Shuller and Vinej, combined with extensive researches of Dr. Kellogg and his colleagues of recent years, has made possible the realization of the conjecture of Scoutteten, a military officer of France, in 1843, in these words: "Hydrotherapy is not a new medical science, but it may be made such."

The science of hydrotherapy and of drug medication are each based upon essentially the same physiological laws. No drug, or hydriatic, or thermic application, or any other remedial agent can add any life or substance to the tissues. They do not by any material union with the vital elements of the body enter into the regeneration of any diseased function or structure. Any therapeutic agent must depend for a curative result upon a vital physiological effort of the organism, instigated by the presence of the agent. It is the result of the organism acting upon the agent and not of the agent acting upon the organism. Nature has placed within the system the forces of repair, and if these forces do not exist, no therapeutic agency could be of any avail. A dose of strychnine is at once recognized by the system as a poison that must be eliminated. A dash of cold water upon the skin is also recognized by the body as a

harmful element, and at once the vital resources are called forth to resist it. After the injury occasioned by these agents has been overcome, if they are not so great as to overpower the system, the remaining momentum, so to speak, of this vital effort continues for some time, and may be utilized for the cure of existing disorders.

The investigation of the science of hydrotherapy involves not merely the study of water as such, but chiefly of the thermic agents of which water is the most convenient vehicle. From the large number of experiments reported by the experimental laboratory of the Battle Creek Sanitarium, the following are selected to form a basis from which to discuss the most important fundamental principles of hydrotherapeutics.

Experiment 2—L. H. W., a young man, aged 30, weight 166 pounds. Received a percussion douche for thirty seconds, followed immediately by moderate exercise. The rectal temperature before the application was 99 degrees, immediately after 99.6, an increase of .6 degrees. The elevation of temperature was maintained for 45 minutes. This observation has been repeated upon many subjects with similar results. The reaction following a short cold application results in increased heat elimination, notwithstanding, heat accumulation occurred in this case to the extent of 90 heat units.

Experiment 7—The subject, R. A. S., a young man, aged 21, weight 140 pounds, was placed in the calorimeter in a room at 86 degrees. The rate of air movement as shown by the anemometer, was found to be 70 feet per minute. After the administration of a cold-wet-sheet rub, the rate of movement was found to be 97 feet per minute. Seven minutes later when action had taken place, the rate of movement was increased to 97 feet per minute.

In both of these experiments the agent employed is cold water, the direct effect of which upon the body is to extract heat from it, yet in experiment 2, after the administration of the cold spray, the internal temperature is increased. This increase in temperature cannot be due to decreased heat elimination, since in both experiments the rate of heat elimination is increased. We must conclude that this rise of temperature is the result of increased activity of all the functions of the system,

both physical and chemical. It is distinctly a tonic effect, and it has been found that this tonic effect of general cold applications remains for several hours. This effect is not due to the addition to the body of any intrinsic property of the water, but to a reaction on the part of the system antagonistic to the irritating effects of the cold.

Experiment 59—The subject, W. P. L., was a young man, age 27, weight 140 pounds. A shallow bath was administered at 65 degrees, with the result of increasing the capacity for muscular work 32 per cent, as shown by a fatigue curve obtained by Masso's ergograph shortly after the administration of the bath.

Experiment 58—The subject, A. E. L., was a young man, age 26, weight 151 pounds. A normal fatigue curve was obtained, and the total amount of work done was 5.817 kilograms. After a general douche at 55 degrees for fifteen seconds, another fatigue curve was obtained, which showed a much longer wave length and a greater time required to accomplish fatigue than in the normal curve, and the amount of work registered was 8.642, showing an increase of 48.5 per cent.

These experiments prove the conclusions previously made, that cold by reaction stimulates vital activity. The potential existed in the muscles before the application of cold was made, but through general and prolonged exciting effects of the cold upon the system the nerve tone is increased, enabling more powerful and enduring stimuli to be sent to the muscles, thus increasing their capacity for work. Physiologists teach that the phenomena of fatigue is due to both the accumulation of poisons and the consumption of material. The stimulation of the cold application quickens the circulation of the blood, carrying away the fatigue products, and bringing an increased supply of new material, thus lengthening the time of fatigue.

Experiment 56—The subject, A. E. L., a young man, age 26, weight 151 pounds. The normal fatigue curve was taken, and the total work was 6.37 kgm. A hot immersion bath was given at 104 degrees for twenty minutes, with the following results: The fatigue curve obtained showed a notable depression, the amount of work regis-

tered was 4.459 kgms., a decrease of 44 per cent.

The prolonged hot bath lessens muscular endurance not by lessening muscular potential but the increase of bodily temperature has a paralyzing effect upon the nerves and their centers. The circulation is slowed, and the blood pressure is lessened, consequently the waste products in the muscles are not so rapidly removed nor nutrition so completely sustained. It may be suggested here that if the hot bath is followed by a short cold application this loss of muscular tone will not only be restored, but also increased, and we have a most powerful therapeutic agent. The heat increased metabolic activity in the tissues, encouraging the destruction and exudation of unhealthy tissue, while the application of cold stimulates the circulation of the blood, carrying away these poisonous products to the eliminative organs.

Experiment 12—The subject, R. R. H., was a young man, age 21, weight 115 pounds, pulse 74. Gently slapping the chest over the heart with the end of a towel wrung out of cold water half a dozen times raised the pulse to 87 degrees.

Experiment 72—The subject was a young man, age 35, weight 135 pounds. A sphygmographic tracing was obtained before the application, pulse rate 74. A cold application, consisting of an ice compress one foot square, was applied over the heart and left chest. The effect was an immediate increase of pulse rate to 76 for two minutes. The pulse was then slowed, becoming at the end of three minutes 72. A second tracing was then taken. Comparison of the two tracings shows clearly the increased tension resulting from the application.

The subject was a patient suffering from severe collapse following a prolonged and complicated operation for the removal of gall-stones. Before the application of the compress the patient's pulse was so weak that it could not be felt at the wrist. When counted by means of the stethoscope placed over the heart, it was found to be 120. An ice bag applied over the heart with the result that the pulse could be counted at the wrist. The rate was slowed to 87, and the tension, which was zero, was as indicated by Gaerter's tonometer rose to 5 cm.

These experiments illustrate the effect of local applications of cold to the cardiac

areas. It will be noticed that the application of cold with percussion markedly increased the rate of the heart beat, while the continued cold compress did not so materially affect the heart beat. The cold with percussion, simply excites the heart's action through its reflex nervous relation with the skin over that organ. The prolonged cold compress although at first it tends to excite the action of the heart, its resulting effect is to steady and slow the heart beat and increase its force as shown by the increase in arterial tension. It is also interesting to note that the effect upon the heart is much more pronounced in the abnormal than in the normal case, the pulse rate being reduced from 120 to 87, and the tension increased from zero to 5 cm. The therapeutic value of these physiological facts can be readily seen in any case of cardiac insufficiency. An ice bag placed over a weak heart will usually nearly double the force of the radial pulse. The effect of the cold compress over the heart is similar to that of digitalis, with the advantageous exception that it does not increase the peripheral resistance.

Experiment 13—The subject, R. A. S., a young man, age 21, weight 140 pounds, presented a normal pulse rate of 81, with a tension, as shown by Gaertner's tonometer of 9.5 cm. of mercury, upon the application of the douche at 55 degrees the pulse rate was immediately increased to 70, and the tension to 10 cm.

Experiment 14—Subject, a man, age 40, weight 140 pounds, pulse rate 76. Was in water at 55 degrees for ten minutes, when the pulse rate was found to be reduced to 50, and the tension was decidedly increased.

In these experiments in the comparative effect of a short local application with percussion to the chest, and that of a prolonged cold bath, the local application increased the rapidity of the heart's action, but the general application of cold very markedly slowed its action. In both cases the blood tension is increased.

Experiment 40—The subject, L. S., was a young man, aged 23, just convalescing from typhoid fever. The blood pressure as determined for the middle finger of each hand, indicated a blood pressure of 7 cm. of mercury. The two hands were immersed, the

right in ice water, the left in hot water, for five minutes. At the end of which time the tension was found to be for the right hand 5.5 cm., for the left hand 9. cm., a difference of 3.5 cm.

By this we see that although, as has been shown before, a general cold bath increases arterial tension, but a local application of cold produces a local decrease of tension. A local application of heat produces increased local tension, while a general cold bath when prolonged produces a general decrease of tension. This local rise of arterial tension is due to a local excitation of the blood vessels. This brings to view the great importance of local applications of heat for certain local diseases. Possibly in no disease does a local direct effect of heat present greater results than in the treatment of rheumatic joints. Here we have an accumulation of abnormal tissue and exudates that must be broken down, removed and replaced with healthy tissue. Local heat increases catabolism, and by exciting the circulation facilitates the removal of its products, and at the same time does not materially decrease the general tone of the system, as is the case with the general hot bath. If following the hot local application a very brief application of cold is made, local tone of the tissues is restored and increased thus prolonging the process initiated by the heat, also stimulating the vital process of repair, a work that must be accomplished between treatments.

Experiment 42—The subject, R. R. H., was a young man, age 21, weight 115 pounds. Before the experiment, with the subject reclining, the pulse was 92, radial tension 9 cm. The couch, with the subject lying upon it, was pushed into an electric light cabinet without any exertion on his part. Within a minute the radial pulse fell to 54, and the tonometer showed a raise of pressure in the peripheral vessels to 10 cm. At the end of five minutes the patient was perspiring moderately. The pulse was then found to be 66, the tonometer reading 8 cm. At the end of twenty minutes the pulse was 92. The tonometer reading 7 cm. The subject was then withdrawn from the cabinet. The pulse rate immediately fell to 76, but some time elapsed before the blood pressure rose to normal.

In this bath we will notice two distinct stages. These stages are present in the hot

immersion bath, or any other prolonged hot treatment that involves the entire body. At first there is a general contraction of all the blood vessels, increasing blood tension, slowing the heart beat and increasing its force, which accounts for the sense of fullness in the head often experienced on entering the hot bath. As soon as perspiration sets in the cutaneous vessels become relaxed and distended with blood, the heart is relieved of a portion of its work, and its beat gradually increases in rapidity and decreases in force, due to the marked lowering of arterial tension. Now, if we can combine the cold compress over the heart area with the general hot application, we have a most powerful agent, simultaneously lessening the work required of the heart and increasing its tone.

Experiment 16—The subject was a young man, age 35, weight 136 pounds. One arm was placed in the glass cylinder of a plethysmograph. A piece of ice was placed in the opposite hand. The tracer rapidly falls, and also a quickening of the pulse and increase of tension until the ice is removed.

This brings to view a most interesting feature of the nervous system, the phenomenon of reflex action. It is by taking advantage of this phenomenon that many of the most important results of hydrotherapeutics are obtained. The caliber of the arteries is controlled by two sets of nerve fibers, the vasoconstrictors and the vasodilators. Each originates from nerve centers in the spinal cord. They are analogous in origin and function to the augmenter and inhibitor fibers of the heart. The vasoconstrictors corresponding to augmenter, and the vasodilators to the inhibitory nerves of the heart. The nerve centers in the cord that control the blood vessels of one hand are in close relationship with the centers controlling the other hand. These centers are also in close relationship with the sensory nerves of the hand. When cold is applied to one hand the sensation is carried to the cord and communicate to the centers controlling the vasoconstrictors of both hands, consequent a constriction of the vessels of both hands takes place. This reflex nervous relationship exists also between the visera and the corresponding areas of the skin. For example: An ice poultice applied to the hypogastrium will produce a strong contraction of the blood ves-

sels of the uterus. By Experiment 40 we learn that the effect of heat upon the skin is to relax the blood vessels, enabling them to contain more blood. If we combine with this the phenomenon of reflex action we have a most powerful therapeutic principle. To illustrate, we will suppose a case of acute pelvic congestion. Let an ice compress be placed over the uterus and the feet, legs, and hips enveloped in a hot blanket pack. The heat applied to the skin will produce a relaxation of the surface vessels and give opportunity for a large amount of blood to be diverted to the skin, while the cold compress, acting through the nerve centers in the cord tends to constrict the pelvic vessels. This constitutes a most powerful means of relieving acute pelvic congestion.

Experiment 11—The subject, M. M. M., was a young man, age 27. By means of the asthesiometer the normal tactile sensibility was found to be such as to enable him to recognize the two points of the instrument when separated by two mm. After immersion in water for five minutes at 60 degrees it was necessary to separate the points 3.5 mm. to enable the subject to distinguish them. Five minutes immersion at 40 degrees increased the distance to 6 mm.

Experiment 41—The subject, A. C. S., was a young man, age 35, weight 137 pounds. The two points of an asthesiometer were distinctly felt on the back of the hand at a distance of twenty mm. After immersion in water at 117 degrees for 4.5 minutes the two points were distinct only at thirty mm. Temperature at 95 to 98 produced no effect.

Experiment 25—The subject selected. The rate of time required for the patient to make a signal after an impression made upon the finger was 11 seconds. After the elbow of the same arm had been packed in ice for 5 minutes, 22 seconds.

These experiments readily show that the general effect of prolonged application of either hot or cold is to decrease nervous irritability. Both tactile sensibility and conductivity of nerve impressions being greatly depressed. This explains the pronounced analgesic effect of either hot or cold. Also for the general relaxing effect of prolonged hot procedures upon the nervous system.

(The secretary's attention was directed to this paper while looking through some old

files. It was read by Dr. A. W. George before the Pulaski County Medical Society during his residence in this city, and elicited quite a discussion when read.)

—X—

THE MEDICAL RECORD.

"Now, in the name of all the gods at once,
"Upon what meat doth this our Caesar
feed, that he is grown so great?"

The readers of the JOURNAL of the Arkansas Medical Society have no doubt read a few editorials in the Medical Record, published by Wm. Wood & Co., New York, quite antagonistic to the American Medical Association. These editorials, perhaps, have had an influence, which is far reaching in its effects. To counteract this evil influence, in a measure, is the purpose of this little squiblet reference. Wm. Wood & Co. compose a firm that publishes books in the city of New York, and they are also the publishers and owners of the Medical Record. This firm has made considerable money from the sale of its books and from the publication of this Journal. Indeed, the mercantile reports estimate this concern to be worth from \$300,000 to \$500,000. These people have made their money off of the medical profession. They have given the medical profession a journal which has occupied a wide field of usefulness. This field of usefulness was seemingly well filled: But, alas, the time seems to have come in the business (mis)management of this house, they have deemed it wise policy to kill the goose that laid the golden egg. This they seem to have effectually done, inasmuch as the editorials in this journal have reflected severely upon the management of the American Medical Association. They have criticized everything connected with medical organization that has a tendency to elevate and build up, and all for one purpose alone, *i. e.* to aid and abet the welfare of the questionable advertisers found in their columns. They seem to arrogate to themselves the right to dictate what is best for the American Medical Association. They seem to have assumed the prerogative of calling the editor of the Journal of the American Medical Association down on any proposition that conflicts with their interests. Just why a house of the magnitude of William Wood

& Co., with the financial standing that they have, and having filled the field of usefulness so long, has at this late date got out of harmony, out of tune, and out of sorts with the very people who have made them great is a mysterious mystery. If they think for one moment that a few advertisements of questionable value to the medical profession is worth more to them than the great rank and file of the American Medical Association, they had better be advised at once to right about face before it is everlastingly too late. If they think for one moment that these advertisers whose guns are spiked, will ever succeed in their warfare, it seems to us the better policy for them will be to call a halt. William Wood & Co. are merely a cat's paw in the hands of these advertisers to rake the chestnuts out of the fire. It is passing strange that gentlemen with the business caliber that these people possess, will allow themselves to be duped to the extent of damaging their house, damaging their publications merely to carry out the fallacious ideas of the nostrum vendors and at the same time trying to bunco the profession as in days gone by.

The Journal of the American Medical Association has started into this fight to win and be it understood that the Journal of the Arkansas Medical Society supports it in all that it has done and said, and be it further understood that Editor Simmons, nor any one else, have any strings whatever on the editor of the Journal of the Arkansas Medical Society. This editorial emanates solely and wholly from a sense of justice; from a sense of duty and to see justice done. In this warfare that is carried on, William Wood & Co. should see the hand writing on the wall, and why it is they are so obtuse as to fail to recognize the certain ending is one of the unsolvable problems. Would it not be a good idea for William Wood & Co. to tell the members of the American Medical Association through the Journal of the American Medical Association what they stand for? Why are they at enmity with the members of the Association from whom they expect to derive their profits? Why is it they are trying to kill the goose that lays the golden egg? Why is it they are trying to uphold an organization that they know is antagonistic to the best interests of the members of the American Medical Association? Are they the agents directly or indi-

rectly of the Proprietary Association? Have the columns of the Medical Record been sold to further the cause of the Proprietary Association of America? Has its influence been bartered to that organization to fight the Journal of the American Medical Association and the members of that great body? If so, it is well enough that the members of the American Medical Association understand this fact at once. It is nothing but right that the members of the American Medical Association should know who their friends are and who are their enemies. Will Messrs. William Wood & Co. tell these members through their journal where we are to place them? May we expect to find them on our side of the fence or in the camps of the enemy? If so, come from under cover and let us know where you are. The sooner the members know this the better for both parties. If they think that they can get along through this professional world without the aid and influence of the physicians, it seems to us that they should seek new fields or greener pastures.

While we regret to be forced to the conclusion that this old and reputable firm has proven a traitor to the best interests of those who have helped to fill their pockets, yet it seems that the diagnosis is correct; and if this diagnosis is correct, there is only one thing for the medical profession of the United States to do and that is to apply the remedy. The remedy, while severe, must be administered. William Wood & Co. have gone into the face of danger and they have contracted the ailment that requires this remedy. Let us hope that before this remedy is applied that they will realize the necessity of making some effort at self cure, which may in a measure be successful, and they may outgrow their malady.

In the meantime if this old and reputable firm has anything that they would like to say to the members of the profession in Arkansas in reference to the stand they have taken on this important matter, the columns of the Journal of the Arkansas Medical Society are open to them. We will assure them that our members will gladly give them an opportunity to be heard before passing judgment definitely upon the position that they are now trying to assume, which is, to say the least, an anomalous one.

RECEPTION OF COLLEGE OF PHYSICIANS AND SURGEONS.

Last night (October 1st) from 8 to 11 o'clock was held at the building formerly known as Maddox Seminary, a reception which will be long remembered as a brilliant social event as well as the opening of a most important institution, the College of Physicians and Surgeons of Little Rock and Little Rock Sanitarium. The old Maddox Seminary building has been transformed into a college, which in beauty of furnishings and splendid equipment, could hardly be excelled if even equaled by any institution of its kind in the land.

The grounds were brilliantly lighted with rows of electric bulbs and upon approaching the building one heard the sweet music of Stewart's orchestra, which was stationed on a front veranda.

Drs. C. R. Shinault and J. P. Runyan introduced the arriving guests to the ladies at the head of the receiving line, which was composed of the faculty of the college, their wives and friends. After meeting the distinguished gentlemen and the beautiful women who so graciously received the guests were escorted or allowed to walk as they pleased through the building and view the magnificent arrangements which have been made for the opening and conducting of the college. Stationed about the rooms and halls were nurses, dressed in white and wearing the Red Cross badge upon their sleeves, to show the rooms to the guests and explain to them their uses.

Rooms for the use of patients have been endowed by Drs. Shinault, Runyan, Illing, Sweatland and Meek, and each of these rooms is known by the name of the one endowing it. At the right of the main entrance one enters the Runyan room, which is luxuriously furnished in solid mahogany, with hardwood floors: the next is the Illing room, furnished with birdseye maple in a most elegant manner. The floor of this room is also of hardwood. Continuing to the right the visitor enters the private parlor of Dr. Illing, a most luxurious room set with massive furniture and hung with portraits of eminent men. Directly back of this room is the doctor's library, which opens upon his private dining-room. About the tapestry-covered walls of the dining

room are cases filled with most expensive and beautiful fine china and cut-glass.

Across the hallway from these apartments are the reception room, the public parlor and the pharmacy. The latter is in charge of Dr. Rutledge, the pharmacist, and is indeed thoroughly well equipped and complete.

Upon the second floor are the rooms furnished by Drs. Meek, Sweatland and Shinault. The Meek room is beautifully furnished in birdseye maple, the Sweatland room in quarter-sawed oak and the Shinault room in golden oak. These chambers are lavishly furnished and yet simply enough for the requirements of the sick room. On this floor are also other private rooms for patients, as well as wards which are more public.

On the third floor is the ward for the insane and a smoking room for convalescent patients. The insane ward is complete to the smallest detail and is the especial interest of Dr. Illing. A general blue and white scheme prevails in the patients' rooms.

Last night the rooms were beautifully decorated with tea roses, palms, ferns and smilax. In Dr. Illing's dining-room in the center of a massive oak table on a beautiful drawn work centerpiece stood a huge vase filled with the blooms of red sage, in the reception hall, from the ceiling, hung baskets festooned with flowers and ferns, and everywhere were beautiful palms. The flowers, the music, the talking, laughing groups of beautiful women, eminent physicians and distinguished guests formed a scene not soon to be forgotten.

On every floor graphaphones played sweet music and gracious young ladies presided at punch bowls.

Later in the evening the young people gathered again in the large reception room and there enjoyed dancing until 11 o'clock to the music of the orchestra.

It was indeed an evening of unfeigned pleasure for all those present and a most auspicious opening of a great institution of which the people of Little Rock feel justly proud.

Those in the receiving line were Drs. and Mesdames Charles R. Shinault, Joseph P. Runyan, W. P. Illing, Arthur E. Sweatland, Stodder W. King, G. M. D. Cantrell, D. C. Walt, R. W. Lindsey, C. C. Stephen-

son, E. N. Davis, C. P. Meriwether, W. A. Snodgrass, D. R. Hardeman, Edward Meek, C. Travis Drennen, W. N. Stewart, J. P. Sheppard, T. E. Hodges, S. P. Vaughter, W. C. Green, W. H. Abington, A. K. Wayman, E. E. Hodges, B. W. Flinn, W. E. McLain, and Drs. E. M. Thompson, D. A. Gray, Dan W. Jones, M. E. McCaskill, Dawson Montgomery and Andrew Rust, and Hon. W. B. Smith.

The young ladies who served punch were Misses Eddie Meek, Marguerite Miller, Hazel Bragg, Olivia Fletcher, Cassie Newton, Irene Stewart, Effie Stephenson, Hazel Meek, Annie Hagan, Clara Stephenson and Janie Gray.

Among the prominent guests were noted Dr. and Mrs. Leonard R. Ellis of Hot Springs, Dr. and Mrs. Allen and daughters Misses Barbara and Theresa Allen of South McAlester, I. T., Mrs. G. Carson of Roswell, N. M., and Dr. and Mrs. Richard Chenault of England.

[The above report of the reception as given by the College of Physicians and Surgeons and Little Rock Sanitarium is clipped from the Daily Arkansas Democrat.]

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WHO PAYS THE FREIGHT?

This is a question that might aptly be asked with propriety of numbers of people who are battling for daily bread, and for a place to occupy in this busy world. The question is asked here directly of the class of people who are concerned, and who are responsible. The concern is only limited by the desire to fill their coffers, which desire seems to have never been gratified. The responsibility is one that means disaster at one time or another. This class of people belong to those who are running medical journals and securing advertising of nefarious nostrums with the supposition that they can palm these journals off on the intelligent profession, making same as acceptable as the journal filled with clean advertising, about which there is no doubt concerning those who occupy the advertising pages.

It is with regret that the editor of the Journal of the Arkansas Medical Society calls attention to the fact that some of our State Journal exchanges, are carrying advertising which is as reprehensible and unjustified as if the same advertisements were carried in the "Yellowback," whose pages the respectable practitioner would not stoop to

peruse. For example, an exchange reached our desk a few days ago containing the advertisement of California Fig Syrup, Antikamnia, Pond's Extract, Ayers Cherry Pectoral, Gudes Peptomangan, Marchand's Hydrozone, and other nostrums exploited in the daily papers, not to say anything about quite a number of others of doubtful propriety.

In another journal we find an editorial whose aim is directed at Mr. Adams, of Collier's Weekly, who seems to jump on some of our reputable chemists for manufacturing pills for fakirs and quacks. We would like to ask a number of these State Medical Society Journals if they expect to build up the profession in their respective states by conducting such journals, or are they trying to get somebody else besides the profession to "pay the freight?" Do you not think that the members of the profession in these states should clean up and clean out the advertising pages of their respective state journals? If they haven't funds to conduct a State Journal with clean advertising, the propriety of which is beyond dispute or doubt, then the members of such societies would better go down into their pockets, and "dig up." One of the two will have to pay the freight, either the members of the State Medical Society, or the advertisers. It is up to you, gentlemen, whether you will help in this warfare and keep the advertising pages of your journals clean, or whether you, for the sake of gain, will allow them to become polluted.

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THE DOCTORS WIVES.

Brother Doctor, when you read this, please don't find fault and say that this space is wasted. In our daily contact with the professional brethren of the State, we have incidentally met a few of the doctors' wives (God bless them, the noblest creatures on earth.) It has been our pleasure to listen to a few of the compliments paid the Journal of the Arkansas Medical Society, and this is our excuse (if there be any grounds for an excuse) for according the doctors' wives this notice. You may say that they do not need any notice. True, they don't, because they live in a sphere that requires no attention at our hands which would make them more estimable in the eyes of the world. The fact is, no notice or encomiums

could make them any more perfect. In the course of conversation a few of the wives of the members of the Arkansas Medical Society have said to us that they read the Journal regularly. We will not say anything more about what they said. It is sufficient compliment to us to know that the wife of any physician would spare the time to peruse the columns of a Journal edited by any man. Indeed, it is an honor to know that the wife of any physician has condescended to notice our production.

While we are along this line, it might not be amiss to say that the doctors' wives, generally speaking, do not receive that share of pleasure that comes to the physician that she is so justly entitled to. Why it is that a doctor will attend the Medical Society meetings away from his home and leave his wife behind; why it is that he will attend banquets given by the Medical Society and leave his wife behind, and enjoy the public pleasures that come along through the profession, and deny her all these, is beyond our comprehension. In conversation with a member's wife, only a few days ago, this complaint was made. She said "You doctors always banquet yourselves, but you take particular pains to leave us poor wives out." I could only answer this accusation by calling her attention to the fact that I had always been in favor of having the wives and ladies of the doctors' family at every banquet. I conscientiously believe that we would honor ourselves ten thousand times more by letting our wives occupy places at our sides, instead of glasses of champagne. Why not use some of the money thus expended on champagne and cigars, and let our wives enjoy what we throw away? It is a shame; it is a disgrace to the profession to deny our ladies, our wives, all these pleasant privileges to which they are so justly entitled. We feel profoundly thankful to any of the physicians' wives who have noticed our endeavor to give the profession of Arkansas a good Medical Journal and we feel highly honored in having them compliment our efforts. It certainly does add zeal to our energies and makes us feel like we wanted to strive harder to give our brethren of the State Medical Society a Journal whose standard is the highest. When there are criticisms to be offered, it is devoutly hoped that they will emanate from the members of the State Medical Society, and not from their wives.

THERAPEUTICS

THE TREATMENT OF PERTUSSIS WITH CHLOROFORM.

A child suffering from whooping-cough had to be anaesthetized for the purpose of performing the reduction of a luxated hip-joint. The anaesthetic employed was chloroform, and an unexpected side-effect consisted in the complete disappearance of the previously very frequent attacks of coughing. The author thereupon chloroformed nine other children having pertussis, all successfully. In two of these children the attacks subsided immediately, in four they disappeared within four days, in three within a fortnight. A single narcosis, of moderate degree, without extinction of the corneal reflex, lasting five minutes, invariably proved sufficient. Not only were the attacks observed to subside, but there was an improvement of the cyanosis, vomiting, sleep, and appetite.

BORIC ACID DRESSING AFTER MASTOID OPERATIONS.

After operating upon the mastoid for chronic middle ear disease, the author fills the cavity with recently sterilized, finely powdered boric acid. He states that in the first place there is entire absence of odor after the first application of the powder, which is renewed every two days. This is in marked contrast to the former method of using gauze tampons. The rapidity of epidermization is at least equal by this method to that by tamponment. The only objection to this dressing is that it sometimes causes severe pains, radiating to the different branches of the trigeminus. They only last twenty-four to forty-eight hours after the first dressing, and may be relieved at once by the use of phenacetin after the dressing, and if sleep is disturbed, extract of opium may be given at night.

TYPHOID NODULAR COLITIS.

G. H. Whipple (*Johns Hopkins Hospital Bulletin*, August, 1906) says that typhoid intestinal lesions limited to the colon are very rare. The term "nodular colitis" should be restricted to such cases as show a marked infiltration of the submucosa with wandering cells, giving rise to prominent isolated nodules having no relation to the solitary fol-

licles, which are comparatively unaffected. These cases are of rare occurrence. The term "lymphatic hyperplasia" may be used to describe the cases showing a simple hyperplasia of the solitary follicles of the intestines, and a relatively normal submucosa. These cases are commonly found at autopsy.

For dysmenorrhea have you used bromids with hydrastinin and helonin?

In excessive hemorrhage from obstinate endometritis have you used direct application of silver nitrate solution—about 10 grains to the ounce?

After local applications are made to the cervical canal, a large vaginal tampon saturated with 25 per cent ichthyol in glycerin, should be used.

In subacute perityphlitis, very finne vibration has proven exedingly beneficial when other measures have been disappointing.

Leucorrhea is far more often due to cervical inflammation than to endometritis.

You may expect post-operative cystitis in 60 per cent of cases after radical abdominal operation for cancer.

The treatment of acute gonorrhea in the female may be summed up briefly as: rest in bed, no instrumental or digital intervention and absolute cleanliness.

Tuberculosis, especially in the female, is usually aggravated by marriage.

It is stated that during pregnancy, the hair on the body grows more rapidly than at other times, and that, when growth is not complete, there is appreciable increase in height.

Treatment for ophthalmia neonatorum should be begun, in suspected cases, two weeks before delivery, by the most complete disinfection of the genital tract possible.—*Chi. Clinic & Pur. Wat. Journal*.

WEST VIRGINIA MEDICAL JOURNAL.

The Secretary of the Arkansas Medical Journal is very much pleased to acknowledge the receipt of the August issue of this, another member of the State Society Journals. It is neatly printed and well gotten up. Judging from appearances the profession of West Virginia will have no cause to regret the step which they have taken, if the present pace is maintained.

PERSONAL MENTION.

Members of the family of Dr. G. H. Andrews, of Hope, have been suffering from ptomaine poisoning, resulting from eating oatmeal. Mrs. Andrews, Miss Bettie Andrews and Andrew Andrews were those afflicted, but are now much improved.

Dr. Ches Jennings has returned from Atlanta, Ga., where he took his son to the Georgia State University. Dr. Jennings reports that he saw a great deal of the race riots, and gives quite a graphic description of the fights he saw there.

Dr. W. F. Baskerville, of Booneville, departed for a month or six weeks' trip through Alabama and Georgia. He left his railroad practice in charge of Dr. McConnell and will resume the general practice on his return to Booneville.

Misses Barbara and Theresa Allen, of South McAlester, I. T., are visiting Little Rock as the guests of Dr. and Mrs. J. P. Runyan. These young ladies are the daughters of Dr. and Mrs. E. N. Allen, of South McAlester.

Dr. W. B. Hughes, of Little Rock, who has been at Atlantic City attending the National Institute of Homeopathy, has returned after a three weeks' absence and resumed his practice.

Dr. E. N. Allen, of South McAlester, I. T., visited Dr. Runyan during the first few days of this month. Dr. Allen is division surgeon of the Rock Island system at that place.

Dr. W. E. Green, president of the National Institute of Homeopathy, has just returned from Atlantic City, where he presided at the sessions of the recent meeting.

Mrs. C. T. Drennen, wife of our president, Dr. C. Travis Drennen, of Hot Springs, is spending a few days visiting Mrs. C. R. Shinault.

D. A. G. Harrison, who has succeeded Dr. J. M. Young as physician of the Deaf Mute and Blind Schools, has removed from Warren to Little Rock.

Dr. C. Travis Drennen, of Hot Springs, was among our recent callers. While in the city he was the guest of Dr. and Mrs. C. R. Shinault.

Dr. W. E. Hoffman, of Stuttgart, has been seriously ill at St. Vincent's Infirmary, with typhoid fever, for the past two months.

Henry K. Wampall, the wealthy manufacturing chemist of Philadelphia, was recently drowned in North River.

Dr. Keating Bauduy has removed his office from Second and Louisiana to the Majestic Theater building.

Dr. and Mrs. C. R. Shinault have returned from Chicago and Rochester, Minn., where they spent the summer.

Dr. J. H. Lenow and family have returned from Pine Lake, Wis., where they spent the summer.

Dr. A. E. Cone, of Portland, greeted his Little Rock friends with a cheery smile since our last issue.

Dr. W. S. Robinson, of Nashville, Ark., paid his Little Rock friends a call a few days ago.

Dr. Vernon MacCammon, of Arkansas City, called on the Secretary early this month.

Dr. C. P. Meriwether, formerly of Walnut Ridge, has become a resident of Little Rock.

Dr. D. C. Walt and wife, of Altheimer, paid Little Rock a visit since our last issue.

Dr. M. G. Thompson, of Hot Springs, paid the secretary's office a call recently.

Dr. and Mrs. Richard Chenault, of Eng-land, visited Little Rock on October 1.

Dr. and Mrs. Leonard R. Ellis were pleasant visitors on the 1st of October.

Dr. W. H. Abington, of Argenta, was called to Beebe for consultation.

Dr. B. D. Luck, of Pine Bluff, came to see us about October 1st.

Dr. and Mrs. T. B. Bobbitt, of Beebe, visited Little Rock Tuesday.

Dr. R. H. T. Mann, of Texarkana has returned from Europe.

Dr. J. H. Kennerly of Batesville is visiting Hot Springs.

Dr. W. H. Snodgrass has returned from Chicago.

MATRIMONIAL.

Dr. S. S. Stewart and Miss Annie Rucker were married at 8 o'clock Tuesday night at Trinity Cathedral, the ceremony being performed by Dean P. J. Robottom, in the presence of immediate relatives and about 20 friends. Dr. and Mrs. Stewart left at once for a two weeks' bridal tour through the North, and upon their return will reside in the fine new home erected by Dr. Stewart on Ninth and Scott streets.

The bride is a daughter of L. P. Rucker, while Dr. Stewart is the son of Hon. A. C. Stewart, a prominent and wealthy St. Louis attorney.

DR. WILL TIPTON MARRIED AUGUST 19.

Col. H. C. Tipton, state treasurer, has learned of the marriage of his son, Dr. Will Tipton, who on August 19, was married to Miss Eva Arnett of Henderson. The wedding was not announced for several weeks. The newly married couple will reside at Henderson, where Dr. Tipton is engaged in the practice of medicine.

DR. C. S. EARLY MARRIED.

Camden, Oct. 3.—Dr. C. S. Early and Miss Katherine Gee, both of this city, were united in marriage at the First Methodist church.

DEATHS.**DR. W. F. WILLIAMS DIES OF APOPLEXY.**

Dr. Wylie F. Williams, aged 56 years, a leading physician of Des Arc, died September 7, from a stroke of apoplexy. Dr. Williams was in his usual health, attended church and made two or three professional calls. At 2 o'clock he got up to give Mrs. Williams, who was ill, a dose of medicine, when he was seized with the stroke, and only lived till 5 o'clock.

Dr. Williams was a member of the United States Pension Examining Board and of the Prairie County Medical Society. He is survived by his widow and three sons.

DR. W. B. FOSTER DEAD.

Dr. W. B. Foster, 84 years old, one of the oldest and most highly respected physicians

of Hope, died September 15 at the sanitarium, Texarkana, where he underwent a surgical operation. He never rallied from the effects of chloroform. Dr. Foster was born in Alabama and moved to Hope from Union county thirty years ago. He practiced medicine there about twenty years, and was an elder in the Presbyterian church for thirty years. Two sons and two daughters survive him.

DEATH OF DR. MORTON.

The friends in this county of Dr. John Thompson Morton will learn with much regret of his death, which occurred in Richmond, Va., on August 30. Dr. Morton was a grandson of Judge John T. Jones of Lexa, and practiced medicine in Lexa last year, leaving in May for a vacation. He was taken sick while in Richmond and died in the Memorial Hospital.—Helena World.

A PATHOLOGICAL EXHIBIT.

The secretary desires to request the members of the Arkansas Medical Society to save every pathological specimen that comes into their possession from now until the next meeting of the State Medical Society. Preserve these specimens nicely, put each into a jar and write in a short and concise manner what its weight was when removed, name of the physician contributing specimen, and such other information as would be helpful to any one who is interested.

We want to have at our next annual meeting of the State Society a pathological exhibit, this collection to be shipped to the secretary prior to the meeting, properly arranged. Those who wish may donate their exhibits to the State Society, and after a while a fine collection will be owned by the Arkansas Medical Society. This collection should always be in the hands of the secretary or a committee appointed to take care of it. At every State meeting this exhibit to be displayed, and such other specimens added thereto that physicians may from time to time contribute. This is educational, and, no doubt, would create a lively interest among those who wish to investigate along certain lines. Doctor, if you have any specimens now, or if any come into your possession, don't forget to save them for our next meeting. You can have them back again, if you so desire; but the Society will appreciate it if you will donate same as indicated above.

WASTED ENERGIES.

"Full many a gem of purest ray serene,
The dark, unfathomed caves of ocean bear;
Full many a flower is born to blush unseen,
And waste its sweetness on the desert air."

The secretary has received two or three newspapers containing able articles on medical subjects written by Arkansas doctors. Just why these same medical brethren will spend their time and talent in trying to educate the "dear people" in ways that they care not to learn is not just clear to us. Would it not be better if this same energy were directed in making the Journal of the Arkansas Medical Society better, instead of publishing articles in the newspapers, where they are read by but few subscribers? Who cares about the technical phrases of the doctor? Who cares about bacteriology? Who cares about bacilli? Who cares about the germ theory? Who cares about any of the paths, or isms, or the nomenclature that is necessary to a clear understanding of any medical article, unless it be a doctor?

The readers of the Journal would be glad to have this time and talent expended on the columns of the Journal. We dare not call any names for fear that these same brethren may rise up in their wrath and say that our criticisms are unjust; yet, it is not the mission of the physician to give bedside instruction; neither is it the mission of the physician to give hall delineations; neither is it the mission of the doctor to open the columns of the newspapers for the exploitation of his learning, under the guise of educating the public. The American Medical Association, in its wisdom has provided for the enlightenment of the masses thru the proper channels; namely, the Council. Section 4, of the Constitution and By-Laws of the Arkansas State Medical Society reads:

"The Council shall have the right to communicate the views of the profession and of the Society in regard to health, sanitation, and other important matters to the public in the lay press. Such communications shall be officially signed by the chairman and secretary of the Council as such."

We do not desire to trample upon the toes of any one; but we must take issue with these brethren for the liberties which they have taken in thus going into the newspaper columns. They are not within the bounds of prudence; besides, it does seem like this is one way to bring ones self into notoriety.

The Journal trusts that no newspaper in Arkansas will ever again have an article from the pen of any physician bearing on a medical subject. Doctor, contribute your article to your Journal and help make it brighter and better.

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OUR COUNTY SECRETARIES.

It will be noticed that in this issue of the Journal we have very few reports from our County Secretaries. Every issue of the State Medical Journal should contain reports of the State Medical Society meetings as they are held in each county. The members in other counties should know what you are doing, and you should know what other counties are doing. The only way that this can be accomplished is for you to report your meetings to the Journal and let the same be published. Many valuable points and many happy and profitable ideas are lost to all outside of those residing in your county. If you have a view to express, why not express it; and, when expressed, why not report it in your State Journal? If you can better conditions and build up organized medicine in any way, the Journal will always be glad to have your ideas for publication. We insist upon our Secretaries giving us reports from their county meetings. Let us have as many reports from as many counties as have had meetings for our next issue. Let us have your programs in advance wherever possible. This is your duty, Brother Secretary, and your members expect you to discharge this duty; besides, the State Medical Society looks upon you as the mouthpiece for your county, and you are expected to speak to the profession through the Journal of the State Medical Society.

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PHYSICIANS IN TROUBLE.

Dr. Harrison Fitzgerald, St. Louis, was fined \$10 and costs for an alleged assault on Mrs. Letitia Landers.—"Dr. Charles De Meyer was fined \$100 for practicing without having registered his license with the board of health. This is the ninth conviction which the St. Louis Medical Society has obtained, and nine licenses have been revoked as the result of this crusade of the society.—Warrants have been issued for the arrest of six physicians of Kansas City, who are charged with failure to report births within ten days, as required by the local ordinance.

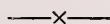
VACATION DAYS ARE OVER.

With this issue of the Journal we assume that every doctor in Arkansas has had his summer outing, enjoyed himself, regained his wonted activity and returned home with renewed vigor and better determination to roll up his sleeves and wade in for a winter's work than ever before. Everything is propitious in matters medical all over the United States. Every one of the medical exchanges that come to us brings the cheering news that the medical profession is making rapid and upward strides in improvement in every direction. That great octopus, the nostrum fraud, is being smitten from the four corners of the United States, and all our State Journals are alive with interest as to the desires of the medical profession. In this gory battle we will give no quarter.

Now, doctor, what are you going to do since your vacation days are past and you are required to resume activities? Are you going to put any more zeal into your practice and into your private business affairs than into your County Society? If so, you are not paying to your County Society that which you owe it. You owe it your time and your talent, so far as is possible, to make it better. You owe it to the doctors in your county who are not members of your Society, and who are eligible to membership, to help them to become members. One or all of them, you may be sure should be encouraged to join. These doctors on the outside are worth more on the inside. On the inside they might be valuable; on the outside they can do nothing to help medical organization. Do not put off going to the County Society meeting until next time; but go to the one that is to be held within the next few days, and not only this one, but to every one that you possibly can attend. Let us have a handsome increase in membership roll this next report from your County Society, making it more numerous than ever before. Don't expect your Secretary to work up and report a goodly number of accessions due to his efforts alone; you must help him. It is up to the members of each County Society whether they make a forward movement and exhibit zeal in the prosecution of their work to better medical organization, or listlessly allow it to drag and lag and amount to nothing.

It would surprise you to read some of

the letters that the Secretary receives from the various members of the profession all over the State. These letters are an index of what is being done in every County Society. Occasionally he receives a letter that is full of vim and fire and determination for even better work; and then again he will receive a letter in which the writer will say the records show that medical organization is not what it should be, etc., and then he proceeds to whine, and fume, and blame everybody else in the County Society for non-attendance at meetings and a host of other things, when the truth of the matter is, he is perhaps the stumbling block in the way of its development, devoting his time to criticisms and belittling every effort that is made to further the interests and carry on the good work of the Society. One member of a County Medical Society that is full of zeal and love for his profession will keep his Society from dying, and will keep the meetings from being dull and lacking in interest. He will see to it that there is a meeting pulled off on schedule time; he will see to it that somebody has a paper; he will see to it that some one is proposed for membership; in fact, he will be a live wire, and you will be glad to claim such an one as a member of the profession identified with your local medical society. Doctor, why not this character of a man be you? This description should suit you exactly. Can you not measure up to this kind of a society worker? Try it three months, and you will be glad to report the results instead of finding fault. It is better to live and flourish like a green bay tree, than die with dry rot.

**TENT SANATORIUM OPENED.**

The tent sanatorium under the auspices of the Chicago Tuberculosis Institute was opened September 3, with three portable cottages, one of which is used for a dormitory, one for a dispensary and one for a kitchen. Ten of the 20 patients for which the sanatorium has accommodations at present were already on hand at the opening day, and several other applications are being considered. The initial outlay has been about \$1,500 and it is expected that the expense to maintain each patient will be about \$5 per week.

MEDICAL COLLEGES OPEN

Below is given the reports of the opening of the two medical schools in Little Rock as taken from the daily papers:

MEDICAL SCHOOL OPENS WITH LARGE ATTENDANCE.

The medical department of the University of Arkansas opened yesterday with the largest attendance ever known on the first day of the term. About 120 students had matriculated last night, but it is expected that this number will be more than doubled before the term is fairly started. Dr. F. L. French, secretary of the faculty, stated yesterday that all indications point to the largest attendance in the history of the school. The largest number that has ever attended the school in one year was 240, but it is believed this record will be passed this year.

The attendance yesterday was regarded as especially gratifying in view of the fact that the school opens three weeks earlier than ever before. Letters asking for the reservation of seats have been received from many who were not present at the opening yesterday. If the attendance should be as large as anticipated, it is probable that some steps will have to be taken to enlarge the seating capacity of the lecture room.

There were no exercises connected with the opening of the school. The lectures began at 9 o'clock yesterday morning and the first day was devoted to hard work.—Arkansas Gazette.

COLLEGE OF PHYSICIANS AND SURGEONS.

The formal opening of the new medical college, which is located in the building formerly occupied by Maddox Seminary, was held this morning with a flattering attendance of students from over the State. The opening address was made this morning at 9 o'clock by Prof. M. E. Dunaway. This address is said to have been a most brilliant effort and will be published in one of the medical journals. Dean Robottom of Trinity Cathedral made the opening prayer, and Dr. J. P. Runyan, the dean of the faculty, presided. Lectures began this morning at 10 o'clock. Forty-five students have matriculated in the new college.—Arkansas Democrat.

OPENS FOR THE YEAR.

On September 6 the Medical Society of the City Hospital Alumni of St. Louis opened for its winter session by holding a meeting in the clinic-room at the City Hospital. The following officers were elected: President, Dr. Louis H. Behrens; vice-president, Dr. Walter C. G. Kirchner; secretary, Dr. Fred J. Taussig, and treasurer, Dr. Jules M. Brady.

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OPENING OF THE ARKANSAS SCHOOL FOR THE BLIND AND DEAF MUTE INSTITUTE.

These two great institutions, of which every citizen of Arkansas feels justly proud, opened with a large attendance on October 3. There are about fifty new pupils in each institute.

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FAYETTEVILLE—FOR A CITY HOSPITAL.

S. K. Stone and Amanda Stone have deeded to Fayetteville a part of a block of ground on which to establish a hospital to be known as the Stone Hospital. The deed provides that in case the city of Fayetteville shall fail to have a hospital established and put in operation on the land conveyed within four years, the title shall revert to the use of the Stone heirs. In case it is abandoned the title also reverts to the use of the heirs. The hospital is to be under the supervision and control of a board consisting of eleven members to be known as the board of control of the Stone Hospital. Four of whom, and their successors, are to be appointed by the city council. The other seven are to consist of the following persons, one from the local membership of the following religious bodies: A. F. Wolf, Methodist; W. B. Welch, Episcopal; John R. Harris, Baptist; Albert Byrnes, Catholic; B. R. Davidson, Christian; E. S. McDaniel, Presbyterian; Bruce Holcomb, Cumberland Presbyterian. The successors of these members of the board are to be appointed by the respective churches.

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AUDITORIUM DEDICATED.

The new auditorium of the St. Louis Medical Society of Missouri, erected at 3523 Pine Street as a permanent home for the society, was dedicated with appropriate exercises, September 15. A full report will appear in next week's issue.

JUNGLE RHYMES.

Mary had a little lamb,
And when she saw it sicken
She shipped it off to Packingtown,
And now it's labeled "chicken."
Gaillard's Southern Medicine.

* * *

Armour had a little cow,
And she had tuberculosis,
He put her up in small tin cans
To sell in broken doses.
Texas Medical Journal.

* * *

Johnson sold his faithful nag
They killed her—what a pity!
But she came back to Johnson's house
As sausage from the city.
The Chicago Clinic and Pure Water Journal.

* * *

Silas perhaps may sell old stubborn Maud,
She is a kicker and never beaten,
No doubt she'll reach the "Mountain House"
In cans—embalmed, ready to be eaten.

* * *

Next!

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TOO MUCH HOUSE OF DELEGATES; TOO
LITTLE GENERAL SESSION.

It occurs to the editor of the JOURNAL of the Arkansas Medical Society that our meetings are devoted to the legislative branch more than should be, and too little time is given to the General Session. It will be remembered that at our recent meetings—the last two in particular—considerable confusion was caused by members who were down for papers being in the House of Delegates and vice versa.

It would be a wiser and better plan for the House of Delegates to meet one day in advance of the General Session, and have it distinctly understood that the legislative part of the session must be completed before the opening of the General Session, so that when the General Session opens all in attendance can get there in time to read and hear papers and discussions of same. Why have our meeting divide into two parts, both going on at the same time? We are not large enough to have our House of Delegates in session at one place and the General Sessions going on at another.

We trust the Committee on Scientific

Work will call the House of Delegates together one day before the next meeting, and that the House of Delegates will decide that their labors shall end before the opening of the General Session. If there are any objections to this arrangement, the JOURNAL will be glad to hear from any member and publish his views in our next issue.

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NO CURE FOR TUBERCULOSIS.

Atlantic City, N. J., Sept. 13.—A session of the International Homeopathic Congress was devoted to a discussion of the general topic of clinical medicine and pathology.

There were many papers read on tuberculosis in which the writers discussed methods of treatment in the several stages of the disease and precautions that should be taken to arrest its spread. It was stated that no remedy had yet been found that would cure a patient when tuberculosis has taken a firm hold on the victim. Many treatments were mentioned, however, that showed good results in the incipient stages of the disease.

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The Interstate Committee of the American Institute of Homeopathy met and decided to urge homeopathic societies throughout the United States to advocate a separate state examining boards in all states where they do not exist and to oppose all legislation providing for consolidation of the boards. This action was taken because of an effort being made in New York to merge the allopathic, homeopathic and eclectic boards.

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At the business session of the American Institute of Homeopathy, prior to the meeting of the International Congress, the following officers were elected:

President—Dr. H. B. Hooker, Hartford, Conn.

Secretary—Dr. Frank Kraft, Cleveland.

Treasurer—Dr. T. Franklin Smith, New York.

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RETIREMENT OF PROFESSOR FLINT.

Dr. Austin Flint, Professor of Physiology at Cornell University Medical College, has resigned his position.

LADIES' HOSPITAL ASSOCIATION OF PINE BLUFF.

The Ladies' Hospital Association has let the contract for the construction of the foundation of the hospital to the Prather Construction Company. The Hospital Association has raised several thousand dollars to be used in building the hospital and recently the sum of \$5,000 was left for this purpose in the will of the late Major Davis. The ladies made an effort to have the county appropriate \$5,000 for this purpose at the last levying court, but the effort failed, the court appropriating \$5,000 to begin work upon a hospital for the county. The commissioners appointed to begin this work have been enjoined from proceeding with the work and the case is now before the Supreme Court. It is understood that when the levying court meets an effort will be made to have this appropriation withdrawn and a similar appropriation made for aiding in the construction of the hospital which the Ladies' Hospital Association propose to build, it being understood that the county will have the use of several wards of this hospital.

Hartzler reminds us that osmic acid even in small quantities is capable of setting up minute hemorrhages in the kidneys and warns against its use on account of the damage which may be done the kidneys.

HONORARY DEGREES AT THE BRITISH MEDICAL ASSOCIATION MEETING.

At the meeting of the British Medical Association, held recently at Toronto, the degree of doctor of laws was conferred by the University of Toronto at follows: Prof. Thomas Clifford Allbutt, A. H. Freeland Barbour, Sir Thomas Barlow, Sir James Barr, Sir William H. Broadbent, H. W. Langley Browne, M. D., chairman of the council of the British Medical Association; George Cooper Franklin, retiring president of the association; Prof. William Dobinson Halliburton, Sir Victor Horsley; Dr. Donald McAlister, president of the British Medical Council; William Julius Mickle, M. Louis Lapique, Prof. L. Aschoff; and Dr. W. J. Mayo, M. D., president of the American Medical Association.

THE ST. LOUIS MEDICAL SOCIETY.

The St. Louis Medical Society held dedicatory exercises of the new medical auditorium attached to the society's building, on September 15th. The programme was as follows: Introductory remarks by Dr. Geo. Homan, president; announcements by Dr. J. C. Morfit; Building Committee report by Dr. A. Keiffer; address, Earlier Years, by Dr. LeGrand Atwood; report of Finance Committee, by Dr. R. M. Funkhouser; address, The Medical Profession of St. Louis To-day, by Dr. Warren B. Outten; report of Committee on Business Affairs, by Dr. Pinckney French, and an address by Dr. W. G. Moore, on The Future of the Medical Profession of St. Louis.

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ALCOHOL IN CARBOLIC ACID POISONING.

Clarke and Brown point out that while alcohol has an antidotal effect when applied to a carbolic acid burn, it does not have this effect when carbolic acid is taken internally and is taken up by the system. Alcohol lavage has proven beneficial in phenol poisoning, but it is not much better than lavage with water.

Application for painful and bleeding hemorrhoids:

Stovaine, 7 grains;
Adrenalin, 1 to 1000 drachm;
Water, 6 drachms.

Moisten a tampon of cotton, apply to the painful part, and cover with a piece of rubber dam;

Or the following suppository may be used:

Stovaine, 1 grain;
Orthoform, 1½ grains;
Adrenalin solution, 1-1000, 4 drops.
Extract belladonna, ¼ grain;
Cocoa butter, 45 grains.

Make into a suppository.—Ibid, April 6, 1906.—(J. A. S.)

A powder for bed-sores:

Powdered talc, 2 ounces;
Powdered boric acid, 2 drachms;
Powdered tannic acid, 1 drachm.

Dust over the part affected.

—La Presse Medicale Belge, April 1, 1906
(J. A. S.)

NEW PRESIDENT OF STATE ASSOCIATION.

The Council of the Nebraska State Medical Association has elected Dr. F. A. Long of Madison to serve as president of the State Association in place of Dr. J. L. Green, who has resigned to take the position as superintendent of the Illinois Eastern Hospital for the Insane, Kankakee, Ill.

AMERICAN MEDICAL EDITORS' ASSOCIATION.

The thirty-seventh annual meeting of the American Medical Editors' Association was held at Boston, June, 4, under the presidency of Dr. Henry Waldo Coe, Portland, Oregon. The following officers were elected for 1906-7: President, James Evelyn Pilcher, M. D., *Journal of the Association of Military Surgeons*; First Vice-President, Frank P. Foster, M. D., *New York Medical Journal*; Second Vice-President, Charles F. Taylor, M. D., *Medical World*; Secretary and Treasurer, Joseph MacDonald, Jr., M. D., *American Journal of Surgery*, New York.

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\$25,000 FOR NEW CITY HOSPITAL.

On the recommendation of the Finance, Charity and Ordinance Committees, to whom the matter was referred on August 20, the City Counsel passed an ordinance appropriating \$25,000 for the erection of a city hospital. There was not a dissenting vote to the proposition to vote that amount to the Board of Public Affairs to be devoted to building a city hospital to replace the one now used by the city, which cost between \$9,000 and \$10,000. No site has been selected for the hospital. The matter is now in the hands of the Board of Public Affairs for action.

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THE MEDICAL SOCIETY OF THE MISSOURI VALLEY.

At the nineteenth annual meeting of this society held at Council Bluffs, Iowa, on September 6th and 7th, the election of officers resulted as follows: President, Dr. O. B. Campbell, St. Joseph, Mo.; first vice-president, Dr. W. F. Milroy, of Omaha; second vice-president, Dr. C. O. Thienhaus, Milwaukee; treasurer, Dr. Donald Macrea, Sr., of Council Bluffs, and secretary, Dr. Charles Wood Fasset, of St. Joseph, Mo., re-elected. It was decided to hold the semi-annual meeting on the third Thursday in March, 1907, in Omaha.

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BELLEVUE DOCTORS ROBBED.

There are about 50 doctors at Bellevue Hospital and nearly all suffered from looting of their dormitories, which occurred September 4. The thieves made away with all accessible jewelry, clothing and money.

QUEEN A PHYSICIAN.

Queen Amelia of Portugal was educated as a physician and as a trained nurse. Very wealthy in her own right, she delights to use her means for the relief of the sick poor.

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MASSACHUSETTS MEDICAL SOCIETY.

The conservative Medical Society of Massachusetts, now one hundred and twenty-five years old, amended its by-laws relating to membership at its last annual meeting by the omission of the words "spiritualism, homeopathy, allopathy, Thomsonianism and eclecticism," so that it will hereafter be possible for any physician to become a member of this society who can satisfy the censors as to his professional preparation and standing.

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ROCHESTER'S SURGEONS' CLUB.

So popular have the Mayos' Clinics become at Rochester, that the visiting surgeons organized a club as a means of sociability and as a guide to strangers. Meetings are held each afternoon, and although the Club has a permanent secretary and treasurer, a new president is elected each week. Every day the president appoints two reporters, whose duty it is to report the proceedings at the clinics of the following day, which are then taken up for discussion at the next meeting.

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THE NASHVILLE (TENN.) ACADEMY OF MEDICINE.

Application for a charter has been filed in the office of the register of Davidson county by this academy. The incorporators are Dr. M. M. Collins, Dr. G. C. Savage, Dr. L. E. Burch, Dr. A. B. Cooke, Dr. W. R. Sifford, Dr. H. M. Tigert, and Dr. C. A. Robertson. The interchange of ideas upon and the general furtherance of the science of medicine are given as the purpose of the organization.

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MANUEL GARCIA.

Signor Manuel Garcia, a one time famous operatic tenor and master, known to the medical world as the first to apply the laryngoscope, died in London, July 1. The one-hundredth anniversary of his birth was celebrated last year.

After many years of delay a marine hospital will be erected in Pittsburg, in the grounds of the Allegheny Arsenal.

A committee for the furtherance of cancer research has been formed by the Swedish Medical Society. The chairman is Professor Berg.

Oil City, Pennsylvania, is to have a new hospital, with modern equipments, which will be under the direction of the Oil City Medical Society.

The dedication of the Harvard Medical School will take place, it is announced, on September 26. President Eliot will make the dedicatory speech.

Dr. Maximillian Herzog has been appointed pathologist to the Michael Reese Hospital, Chicago. Dr. Herzog was for several years stationed in the Philippines.

The Indiana State Board of Health has decided to incorporate in its hygienic cautions to schoolchildren the recommendation neither to kiss nor to be kissed on the mouth.

The sixteenth annual meeting of the American Electrotherapeutic Association was held at the College of Physicians, Philadelphia, September 18, 19, and 20, 1906, under the presidency of Dr. William Benham Snow.

The correspondent of *The Sun* in Antwerp says that Dr. Gengou, of the Belgian Royal Medical College, reports the discovery of the whooping-cough microbe. It is said to resemble Pfeiffer's influenza bacillus.

The fourth congress of French-speaking physicians of North America will be held at Quebec in June, 1908, on the occasion of the celebration of the three hundredth anniversary of the founding of Quebec by Samuel de Champlain in 1608.

The South Carolina quarantine stations have been transferred to the general government, and will in future be under the control of the U. S. Public Health and Marine Hospital Service. The transfers are in the form of leases for five years at the nominal rate of five dollars per annum.

The date set for the meeting of the American Medical Association at Atlantic City is June 4, 5, 6, and 7, 1907. An

endeavor was made to arrange dates with the executives of the Congress of Physicians and Surgeons, so that the meeting of one body should immediately follow that of the other, but this was found to be impracticable.

London is about to adopt the ambulance system. A bill providing for the purchase of ten automobiles for such use has just passed the House of Commons, and it now rests with the upper branch of Parliament whether the old method of conveying injured persons to hospitals by means of portable stretchers will be supplanted by the modern apparatus.

The Rockefeller Institute for Medical Research has offered scholarships to assist investigations in experimental pathology, bacteriology, medical zoology, physiology and pharmacology, and physiologic and pathologic chemistry, to be carried on in the laboratories of the Institute in New York City. The value of these scholarships ranges from \$600 to \$1,000. They are open to men and women who are properly qualified to undertake research work in any of these departments and who will devote their entire time to study. The term of service begins preferably October 1, but by special arrangement may begin at another time.

The health officers of London have, says the *Medical Record*, formulated regulations regarding the importation of canned goods, which provide that the name and address of the manufacturer and the date of canning be impressed on all tins; that one per cent of each consignment shall be opened on importation and examined before the goods are marketed; and that food intended for canning shall be inspected by an independent official prior to being canned. The use of preservatives is strictly prohibited. The Bundesrath of Germany has voted to prohibit the importation of pickled meats unless lymphatic glands are present to make trustworthy examination of the meat possible.

Oil for Enemata.—When olive oil proves irritating and productive of burning or peristaltic unrest, the oil is usually impure. Poppy oil, or the oil of sesame, is less expensive and is better than poor olive oil. Pure olive oil, of which the Sylmar oil of the Los Angeles olive growers is a type, is the best of oils for this purpose.

THE MEDICAL ASSOCIATION OF THE SOUTHWEST.

The Medical Association of the Southwest, which was organized in July, 1906, and comprises the States of Missouri, Kansas, Oklahoma, Indian Territory, Arkansas, and Texas, held a meeting at Monte Ne, Ark., on September 12th and 13th, under the presidency of Dr. J. T. Clegg, of Siloam Springs, Ark. The principle paper was by Dr. J. D. Griffith, of Kansas City, Mo., on the subject, Phlegmon. The society was entertained by a banquet and a ball.

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NEW QUARANTINE HOSPITAL.

Plans for a new quarantine hospital for St. Louis, to be erected below Jefferson Barracks, to cost \$75,000, have been completed by the board of public improvements and referred to the proper committee. The building as proposed is to be constructed of brick and concrete, is to be 160 by 56 feet, and two stories in height with a basement, and is to furnish accommodations for 200 patients.

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A BEQUEST TO THE LLOYD LIBRARY OF CINCINNATI.

It is announced that by the will of the late Surgeon General James P. Walker, of England, the Lloyd Library receives the sum of \$30,000 and the entire library owned by that distinguished surgeon. The collection of books and manuscripts is known to scientists as one of the most valuable private collections. The Lloyd Library, which is free to the public, and is devoted to botany, pharmacy, materia medica, and allied sciences, was founded by Mr. John Uri Lloyd and Curtis Gates Lloyd.

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FREE VACCINATION AT MANILA.

The Health Bureau of Manila gave free vaccination to prevent the spread of cholera during the recent epidemic. A test made of the vaccine since the outbreak of the disease showed that it acts as an absolute preventive. Of the many natives in the infected districts who have been treated with the virus, none developed the disease. All of the health officials were vaccinated, and none developed the disease.

BOUND VOLUMES OF THE JOURNAL.

Again we decide to call the attention of the members of the Arkansas Medical Society to the fact that if they wish to have a copy of the volume of the JOURNAL bound, they should send in their order at once. We have directed attention to this in former issues of the JOURNAL, and our only excuse for calling up the matter again is that none may be disappointed.

Doctor, we don't know whether you wish a bound volume of the JOURNAL or not, unless you tell us. The only way that we can ascertain is for you to say so. We have arranged with the printers to supply these bound volumes to the number of four hundred. They, in turn, expect to have about two hundred extra copies printed. Up to the present time there have been less than fifty orders received. The State Society is obliged to pay for four hundred volumes, as the Committee on Publication could not secure the contract for printing and binding for a less number. We trust that each member of the Society, or enough at least will send in their orders to take up this entire four hundred. Do not delay this, please, but attend to it at once. Let us have your order. You will find a blank in each issue of the JOURNAL. Fill it out and send to the Secretary and your order will be entered, and as soon as the volume is completed and bound, a copy will be sent you. Don't put it off; procrastination is the thief of time; do it now.

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The American Roentgen Ray Society held its seventh annual meeting at Niagara Falls, N. Y., August 29, 30, and 31, 1906. The program included the names of the best known x-ray workers. The officers of the society are: President, Dr. Henry Hulst, Grand Rapids, Mich.; secretary, Dr. George C. Johnston, Pittsburg, Pa.; treasurer, Dr. Leavitt E. Custer, Dayton, Ohio; vice-presidents, Dr. Russell H. Boggs of Pittsburg, Pa., Dr. Clarence E. Skinner of New Haven, Conn., Dr. Ennion G. Williams of Richmond, Va., Dr. Eugene W. Caldwell of New York, N. Y. Full information regarding the meeting and application blanks for membership may be obtained by addressing the secretary, Dr. George C. Johnston, 611 Fulton Building, Pittsburg, Pa.

CONSOLIDATION OF TWO NEW ORLEANS MEDICAL DEPARTMENTS.

The consolidation of the Medical departments of the Tulane University and the New Orleans Polyclinic took place on August 30th. The Polyclinic will become the postgraduate department of the university.

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The American Surgical Association at its recent meeting elected the following officers for the coming year: President, Dr. Dudley P. Allen of Cleveland, Ohio; vice-presidents, Drs. Thomas W. Huntington of San Francisco, Cal., and A. F. Jonas of Omaha, Neb.; secretary, Dr. Robert G. Le Conte of Philadelphia, Pa.; recorder, Dr. Richard H. Harte, of Philadelphia; treasurer, Dr. Charles A. Powers, of Denver, Col.

The next place of meeting, Washington, D. C., in conjunction with the Congress of Physicians and Surgeons, 1907.

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NEW YORK PHYSICIANS AND THE PATRICK CASE.

We are informed that nearly 3,500 physicians of the State of New York, representing 551 cities and towns and including many of the best known names in the State, have signed the following petition to Gov. Higgins in reference to the Patrick case:

We, the undersigned physicians of New York State, have read the medical testimony presented on a motion for a new trial to Recorder Goff, for Albert T. Patrick, charged with the murder of William Marsh Rice. The conclusions of the experts who testified on the motion are quite at variance and the questions are novel as well as grave and important to the members of society, and especially to the defendant, and therefore should be justly solved.

To this end, we petition your excellency to appoint a commission composed of disinterested experts, selected from the medical profession, to examine impartially into the questions at issue and report their findings at as early a date as possible and thus avoid the possibility of mistake in the case of Patrick as well as to get the final and just solution of the question.

Only four physicians to whom the petition was sent for signature definitely refused and one of them was indirectly connected with the case.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The next meeting of the Mississippi Valley Medical Association will be held at Hot Springs, Arkansas, November 6, 7 and 8, under the presidency of Dr. J. H. Carstens, of Detroit, Mich. The annual addresses will be delivered by Dr. Frank Parsons Norbury, Jacksonville, Ill., in Medicine, and by Dr. Florus F. Lawrence, of Columbus, Ohio, in Surgery.

Dr. Norbury has chosen for the subject of his address, "Clinical Psychology," and Dr. Lawrence will discuss in his address, "Surgical Principles and Theories." In addition to these addresses there will be the annual address of the president, Dr. Carstens.

A partial list of the papers promised is published herewith. Communications regarding papers should be addressed to the secretary, Dr. Henry E. Tuley, 111 W. Kentucky street, Louisville, Ky.

Elaborate arrangements have been made by the local profession of Hot Springs to entertain the visiting doctors and their wives, the meeting being held at one of the largest hotels, which will be especially opened in advance of the season to accommodate the Association. A cordial invitation is extended to every physician in the Valley to attend this meeting for which a large number of interesting and valuable papers have been promised.

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An association has been formed at Stoughton, Mass., for the purchase of land and erection thereon of a sanatorium for the treatment of tuberculosis. A site has already been purchased on high ground, the highest between Narragansett Bay and Boston, and it is proposed to build on it a model institution to cost \$100,000.

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DR. F. L. FRENCH BUILDS.

The letting of the contract for the erection of six brick stores and a livery barn at 520, 522 and 524 East Washington Avenue, by Dr. F. L. French of Little Rock, at a cost of \$9,000 was the principal item in the way of new buildings during the past week. Work is progressing nicely and the large frame building formerly occupying the lots has been torn down by the contractors, Lamberson & Phillips. The new stores and stables will be finished by December 1.

Dallas, Texas, Sept. 24, 1906.

Dear Doctor:—

We have been advised by a number of physicians that in filling prescriptions written by them, drugs that are adulterated or not of standard quality are frequently substituted, and that such substitution renders uncertain the effect of the medicines prescribed, often endangering the lives of the patients and placing in jeopardy the reputation of the attending physician.

To learn the extent to which adulteration is carried HOLLAND'S sent a chemist to a number of Texas towns to have prescriptions furnished by regular physicians filled at various drug stores and to analyze the drugs furnished. The analysis so far made show more than fifty per cent of the drugs so purchased to be inferior or adulterated. The final result will be published when completed. Ultimately we expect to have a bill regulating the sale of drugs brought before the Texas Legislature, and take up the matter in other Southern States.

Will you kindly tell us whether or not you have encountered or seen the effects of such substitution in the course of your practice? Can you cite us to any specific examples which we may investigate and take up in detail?

HOLLAND'S has begun a vigorous campaign for pure drugs and pure foods. The September issue contained an article showing that sixty-six per cent of milk samples purchased in Texas cities contained formaldehyde. In the October number are given analysis of 31 samples of meats, fresh and canned products, and the handling of meats is taken up. Out of 14 samples of canned meats 13 contained preservatives or adulterants.

The North Texas Medical Association, at its recent meeting in Denison, adopted the inclosed resolution. We would greatly appreciate a personal expression from you as to what you think of this campaign and the results which should come from it, and any aid which you might be able to give us in bringing to light particular cases of the harmful effects will be most gratefully received.

We believe it to be to the interest of doctors who have their reputations to sustain, as well as the public whose health is at stake, to have every possible effort made to secure

the sale of pure drugs, and we hope to have the co-operation of the physicians of the Southwest

Thanking you in advance for your prompt attention, we are,

Yours very truly,
Texas Farm and Ranch Publishing Company, Publishers Holland's Magazine.

—X—

The following resolution was adopted by the North Texas Medical Association at its recent meeting in Denison, Texas:

Whereas, One of the most serious obstacles encountered by physicians engaged in regular practice is the substitution of drugs not of standard purity and strength for those named in prescriptions; and

Whereas, Such substitutions are a menace not only to the reputation and practice of the physician, but a potent source of danger to the public health; and

Whereas, It has come to our knowledge that FARM AND RANCH and HOLLAND'S MAGAZINE, both published by the Texas Farm and Ranch Pub. Co. of Dallas, Texas, are engaged in gathering data and information on which to base a strenuous campaign in favor of the sale of pure drugs and against drug substitution evil, to the end that the public health may be better protected, therefore be it

Resolved, That the North Texas Medical Association fully endorses the motives of such campaign and that its members pledge their cordial and hearty co-operation and support in their respective communities to FARM AND RANCH and HOLLAND'S MAGAZINE in such action as may be taken looking to the elimination of the substitution evil and the preservation of the health of the public.

—X—

Poison Ivy.—Balch states that the effect of poison ivy is due to an oil which is irritating and poisonous. It is soluble in alcohol, but alcohol when applied merely spreads the poison and increases the irritation. Soap and water with a good scrubbing brush is the best treatment and this following the application of pure alcohol will give good results. 50 per cent alcohol is not sufficiently powerful to dissolve the oil.

LETTER FROM DR. C. E. JUMPER.

September 14, 1906.

Dr. J. P. Runyan, Little Rock, Ark.:

Dear Doctor—There are many things I would like to tell you about Mexico, but as I am not gifted in the use of the pen, must reserve the greater part of my story until I see you.

When I left Little Rock on the 16th of January, to try Mexico as a cure for tuberculosis, I had pictured the place a rough mountainous district. However, the broad table lands, with their gradual ascent from the Rio Grande to Mexico City, studded here and there with smooth barren mountain peaks, does not impress you as such a rough country, and it is only when you approach the coasts that you encounter a truly wild district.

Should you visit Mexico in the "dry season," this table land is one vast desert, and you wonder how the inhabitants manage to live, but a few months later, this great waste is transformed by the rainy season into a farming district, covered with fields of corn, wheat, etc.

The climate in many parts is delightful. We are far enough south to escape winter, and with altitude you find any temperature desired, from torrid to the freezing point. In fact summer is the cooler season in many sections, due to its raining for an hour or so every afternoon.

Mexico City is said to have a greater death rate than any other city in the world. There are about 300,000 inhabitants, with an average of 400 deaths per month. However, we cannot compare these figures with our American cities. We have poverty at home, it is true, but nothing to compare with that met in Mexico. Much is being done to improve sanitary conditions, but in many sections they are still frightful, and you wonder that there are not even more deaths among those living in such an environment. These are parts of the city rarely seen by the tourist, who is led to believe from the condition in which he finds the principal streets, that Mexico is a very clean city.

The medical schools are owned and conducted by the government. They give a six-year course of nine months, the three later years of which the student spends in the hospital, in much the same capacity as our internes. All text books are in French,

although lectures and examinations are conducted in the native language. They cover about the same work as our American schools, but as in other lines, they take their time. We may be in too much of a hurry, but in Mexico you might as well attempt to stop the earth from rotating, as to try to hurry anything. This seems to be one of the greatest faults among the native physicians, who so often put off from day to day, work that should have prompt attention. I have seen fractures remain unset for days, amputations postponed and many similar conditions in which their *manana* (tomorrow) has led to bad results, even to fatalities. During my several months work as an assistant in one of the State hospitals, I had opportunity to study the native physician. They are, as a rule, good diagnosticians, and while their methods of treatment differ in some respects from ours, as a whole they are competent men, and meet the foreign physician well.

Most of the State hospitals are very poor. The wards are crowded, dark, damp and dirty and the poorly dressed, bare-footed, dirty nurse, presents anything but a pleasing sight to sufferers.

Twenty cents a day, Mexican silver (10 cents American money), is allowed by the government to feed each patient. The laws require all accident or legal cases to remain in the hospital until any cut or wound has completely healed, after which a report must be made as to whether scars are temporal or permanent, if noticeable, or if any deformity results. This applies to all cases and the patient with a slight cut on one finger, must remain until the scab comes off, since the fine or imprisonment of the offender is dependent largely on the location and extent of the remaining scar.

Another peculiar law in force in many States, makes it illegal for a physician or friend to render any aid to an injured person until a local officer, known as the "judge," arrives. This may be some time after the injury and result fatally from hemorrhage or other cause. In case of death an autopsy must be made and regardless of how or where injured, the head, thorax and abdomen must be opened.

The diseases most frequently met with on the table lands are malaria, small pox, pneumonia, typhus fever and rheumatism. Syphilis is prevalent among the peons and

soldiers. Public prostitution is regulated by law. The inmates of such houses are examined weekly, and if found diseased are sent to the State hospital. The standard of morality is low among the common people, but the more you see of them the more you are impressed with their sense of modesty.

C. E. J.

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THE MISSISSIPPI COUNTY MEDICAL SOCIETY.

Dear Doctor:—

The Mississippi County Medical Society met at Luxora on Tuesday, September 18th, at 10 o'clock a. m.

PROGRAM.

1. Tonic action of Digitalis, Dr. F. A. Robinson, Barfield.
2. Malarial Hematuria, Dr. S. P. Martin, Chickasawba.
3. Paper, Dr. P. P. Ferguson, Blytheville.
4. Acute and chronic Gonorrhea in the male, Dr. H. T. Collier, Osceola.
5. Report of case, Dr. H. C. Dunavant, Osceola.
6. Report of case, Dr. R. C. Prewitt, Osceola.

Doctor, this was the most important meeting of the year, as we had to contribute papers and complete arrangements to entertain the First Counselor District Medical Society which will meet in Osceola, October 9th, 1906. There was also other business of importance.

Fraternally,
Oleander Howton,
Acting Secretary.

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The London *Leader*, in commenting upon President Roosevelt's approval of phonetic spelling and its introduction into public documents, has the following to say: "We reely think Ruzvelt and his friends mite leve us our own langwige. They have not left us much else. In sum instances it may be puzzling, espechully to foriners and the imature skoolboy, but its orthografy has sertin historikal value and we do not like to part with it. Of kors if Ruzvelt, backed up by Karnegi, sez we have got to reform our spelling, we shal hav to, and

that will be the end of it, for Karnegi has awl the dollers and Ruzvelt has awl the branes."

Another paper suggests that "Ruzvelt is jellus of Julius Sezer who revised the kalendar."

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JEFFERSON COUNTY MEDICAL SOCIETY.

Sept. 12, 1906.

Dr. C. C. Stephenson, Little Rock, Ark.
Dear Doctor:

Enclosed find card of removal of Dr. C. W. Dixon, of this place, to Douglas, Lincoln county. He tendered the Society his resignation at last meeting, September 4, 1906. Resignation accepted and he given a vote of thanks for services rendered the Society while its Secretary.

I was selected to fill his unexpired term of secretary.

Our last meeting was a good one. Drs. Hall and Clark read papers which were freely discussed. After which adjourned to meet 1st Tuesday in October.

Kindest regards,

Jno. S. Jenkins.
Secretary.

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FROM DR. HOWTON.

Osceola, Ark., Sept. 5, 1906.

Dr. C. C. Stephenson, Little Rock, Ark.

Dear Doctor:

I am glad to report that Dr. Thos. G. Brewer will soon be out again from a case of phlebitis of the veins of the legs.

It seems that the trouble was due to the rupture of small veins and fatigue while hunting in the water with tight rubber boots on last winter; no doubt the capillary circulation was interferred with and the legs being chilled and much fatigued by continued exposure was the beginning of the trouble.

The whole of the right and the greater portion of the left was alternately affected, was very painful and greatly enlarged and edematous, but without the formation of pus.

Fraternally,
Oleander Howton.
Acting Secretary.

Dr. Brewer is the efficient Secretary of the Mississippi County Medical Society, and we are glad to learn of his improvement. Hope he will soon be all right again.

THIRD SESSION—8 p. m.

Call to Order.
 Unfinished Business.
 Miscellaneous Business.
 Election of Officers.
 Announcements.
 Adjournment.

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JEFFERSON COUNTY MEDICAL SOCIETY.

Jefferson County Medical Society meets in regular session at office of Dr. B. A. Hall, 7:30 p. m., October 2. Papers by Dr. Thompson Blankenship. We will be pleased to see you at one of our meetings. "Lunch."
 John S. Jackells.
 Secretary.

Thanks! May drop in some time.

—X—

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

The nineteenth annual meeting of this society was held at Council Bluffs, September 6th and 7th with an attendance of one hundred and twenty-five, Dr. Jno E. Summers presiding. The programme included twenty-five papers, and the discussions were interesting and instructive.

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DR. McCORMACK'S TOUR.

Beginning early next month Dr. McCormack, the national organizer, sent out by the American Medical Association, will begin a trip through Michigan. The addresses will be for the public as well as for medical men, and the importance of good attendance cannot be overestimated. The proposed itinerary follows: Detroit, Mon., October 8; Ann Arbor, October 9; Jackson, October 10; Lansing, October 11; Charlotte, October 12; Battle Creek, October 13; Kalamazoo, Mon., October 15; Benton Harbor, October 16; Holland, October 17; Grand Rapids, October 18; Greenville, October 19; Big Rapids, October 20; Cadillac, Mon., October 22; Traverse City, October 23; Marquette, October 24; Sault Ste. Marie, October 25; Bay City, October 26; Saginaw, October 27; Alma, Mon., October 28; Flint, October 30; St. Johns, October 31; Lapeer, November 1; Port Huron, November 2; Adrian, November 3. This schedule is not definitely assured, but is as near as at present can be determined.

PROGRAM.

Of the Fifth Semi-Annual Meeting of the Third District Medical Society, held at Marianna, Arkansas, on October 10, 1906.

WEDNESDAY, OCTOBER 10.

FIRST SESSION—10 a.m.

Call to order.

Roll Call.

Reading of Minutes of Last Meeting.

Address of Welcome, Hon. H. F. Roleson, Marianna.

Response, President Horner, Helena.

1. Report of Two Surgical Cases, G. E. Penn, M. D., Marvell.

2. Report of Cases of Psoriasis, W. R. Haynie, M. D., Haynes.

3. Report of Case of Round-Celled Sarcoma of Parotid; Operation, A. A. McClen-don, M. D., Marianna.

4. Paper, Sam A. Southall, M. D., Lon-oke.

5. Puerperal Eclampsia, J. J. Frey, M. D., Park Place.

6. Report of a Case of Infantile Scor-butus with Notes on Same, W. H. McKie, M. D., Cotton Plant.

7. Injuries to the Head; Report of Cas-es, J. O. Rush, M. D., Forrest City.

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SECOND SESSION—2 p.m.

8. Problems and Duties in Relation to Malaria, Wm. Krauss, M. D., Memphis.

9. Acute Endocarditis as a Cause of Continued Fever, O. S. McCown, M. D. Memphis.

10. The Prevention of Chronic Otitis Media Purulenta, Richmond McKinney, M. D., Memphis.

11. Infectious Diseases of the Bones and Joints, E. M. Holder, M. D. Memphis.

12. Some of the Kidney Lesions that are Amendable to Surgical Aid, J. A. Crisler, M. D., Memphis.

13. Hymenolepis Nana; Report of Four Cases. Hymenolepis Diminuta; Report of a Case, Wm. H. Deaderick, M. D., Marianna.

ATTEND YOUR COUNTY SOCIETY.

Only a few days ago the secretary received a letter from the secretary of a County Society bemoaning the fact that in spite of all his efforts, it is a difficult matter for him to secure a quorum of members of his County Society at a regular meeting. In this letter he said that he had sent notifications to his members by mail. To these they paid no attention. He wrote us asking if there was not some way by which these members could be induced to attend the meetings, and suggesting that it would be a wise plan to change the laws so as to make it obligatory upon a man to sign a statement to the effect, that he, when taken in as a member, would be compelled to attend its meetings. This cannot be. If a member will not attend the meetings of his County Society from motives with a desire to assist medical organization as well as to benefit himself, no law could be enacted that would insure his attendance. A member of a County Society is a proposition unto himself, who cannot be regulated by legislation; who cannot be coerced into attendance; but it does seem that when a man takes upon himself the degree of M. D., that he ought to possess enough enthusiasm and a sufficient quantity of zeal, and plenty of love for organized medicine to prompt his attendance. Without these a non-attending member is a valueless asset to any County Society, and so far as the good that he does for organized medicine and the needs of the Society, he might as well be a non-member. No; there is no law by which a member can be compelled to attend his County Society, nor will there ever be any compulsion. If a member does not attend from motive, his room is worth more than his presence.

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THANK YOU.

It has been found necessary to send out a circular letter to the members of the Arkansas Medical Society, in reference to the Journal. As you are aware of the nature of this circular, mere mention of it only will be made; but the secretary has literally been flooded with letters in addition to the signed circular, that he has requested. These letters are of such complimentary nature, containing expressions concerning our journal that they really demand replies. We certainly trust that our members will take this little squiblet

as an acknowledgment and an effort to thank you for all your kind words and good wishes concerning our efforts to make the Journal attractive. We certainly appreciate the many nice things you have said, gentlemen, and can only say that it adds a little more stiffening to a fellow's backbone, and adds another grain of sand to his craw, and makes him feel like some one is patting him on the back approvingly, and saying: "Go ahead; you're on the right track." Your encouragement is thankfully received. To one and all who have been so kind in sending these cheering letters, we can say: "Thank you, kindly and cordially for what you have done." As the secretary's desk is heaped up with correspondence, it would require a great deal of time to answer each one separately. We only wish that we could do so, and had the time to spare; but we feel sure that you will accept this in lieu of an individual reply.

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BLOWING YOUR OWN HORN.

There are some physicians who take especial delight in regaling their friends with the victories they have achieved in medicine. They take pleasure in relating cases in which Dr. Ego is the hero. They take great delight in telling of surgical feats performed; of cures effected, always putting forward the Big I. No doubt many members of the County Societies can call to mind some such person somewhere within the bounds of the State, and every time such an one is mentioned, or they think of him, it is with contempt, repulsion and disgust. The true physician does not care to exploit his work to anyone outside of an organized body of medical men; then, he takes great delight in telling of his successes, and is just as candid as when speaking of those in which recovery was not a factor. This class of doctors seem to go on the principle that "he who toots his own bugle, needs no one to toot it for him," but there is a time coming in the career of such men when those of their friends would prefer turning a deaf ear to such confab. They, after a while, become known as "Dr. Blower," "Dr. Windy," etc. When such names are applied to these gentlemen, it is only a question of time as to their downfall. The doctor who pursues the even tenor of his way, attends strictly to his own business, and is judicious in his talk, is the man who will succeed, while Dr. Ego fails.

WHAT WILL COME OF IT.

The members of the medical profession of the United States have been reading from time to time the splendid articles written by Mr. Samuel Hopkins Adams, of Collier's Weekly, and Mr. Bok, of the Ladies' Home Journal, detailing the revelations they have made in reference to nostrum vending, the great American fraud, or patent medicine evil. These articles, which have been appearing for some time in these great periodicals, have been read with delight by the medical profession. The glaring frauds perpetrated on the public have been shown up by the gentlemen that have this matter in hand, and the public has been enlightened and the readers of these journals have been educated and warned of the deception that has been practiced by these nostrum manufacturers on their dupes. But what of this great effort to protect the masses? What will come of it? Are we to lapse into the same condition of inertness as before these startling revelations were disclosed? Will the public forget the dying groans of the nostrum manufacturers? Will the medical profession, after they have recovered from their jubilant feeling, forget the efforts that have been made by these journals? If you will examine the newspapers, you will see the same frauds advertised; you will see the same efforts made to deceive the public; you will see printer's ink used as much as before these efforts were put forth. In other words, the public is not permitted to rest under the delusion that these nostrum makers are dead.

It seems to us that the only way the influence of Collier's Weekly and the Ladies' Home Journal can be kept alive, is for these same great publications to keep everlastingly unearthing frauds, every now and then, retracing their steps to see what has become of the enemy whose castles have been bombarded. It is not a good idea to capture a victim and leave him with the supposition that he is going to remain captured. Better investigate every once in a while to ascertain if he is still in captivity. Will Collier's Weekly and the Ladies' Home Journal keep up this stride? We certainly hope so. Will the doctors of the United States continue giving them moral support? We do not mean the kind that the profession has been giving them, but the support that they should have

received. Far from it. The doctors have been lethargic; but it is not too late to show appreciation now. If every doctor in the United States, or even the doctors in Arkansas, would take the trouble to look over the journals that they are subscribing for, and examine the advertising pages, and wherever they find a nostrum ad. check that ad. and write to the publishers to discontinue the ad. or discontinue their subscription, what a wave of reform we would see spread over the vast professional world? This is the only way, in our opinion, that the medical profession can back up the efforts made by Mr. Collier and Mr. Bok. We have been "resoluting" in County Societies throughout the State, thanking these two publications for their work; we have "resoluted" in State Society meetings and we have chuckled in our sleeves to one another and rejoiced at their work; but, gentlemen, what will come of it? It is now time for us to do something. Will you rest on your oars? Shall these two great journals fight your battles alone and single handed? Will you come to their rescue? Now, let us have some results. If you will do your duty, results will come. I mean by that to cut off every journal that is carrying nostrum advertising, letting them know why you are cutting them off. Will you do it? If so, do it now. At the next Society meeting when a resolution is offered, thanking Collier's Weekly and the Ladies' Home Journal, amend that resolution by requesting each doctor, individually, to do as you have done. Then, you will see results far in excess of what we have seen.

If we don't do this, what will be the outcome of the efforts put forth by Collier's Weekly and the Ladies' Home Journal? Doctor, look this question square in the face and act accordingly.

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DR. OBERHOLTZER TO LEAVE.

Dr. Ollie Oberholtzer, a graduate of the medical department of the University of Arkansas, has been appointed to a position with the medical department of one of the missions of the Seventh Day Adventists at Kammatra, India. She will leave Little Rock the latter part of this month and will go to Thayer, Kan., to visit her sister, and afterward to Eagle River, Wis., to visit her father. She expects to sail for India about the first of December.

MEDICAL MISSIONARY WORK.

A letter was received from a member of the Arkansas Medical Society a few days ago, in which the subject of medical missionary work was mentioned. The question was asked in this letter if there were any undergraduate subscribers to the Journal of the Arkansas Medical Society. We regret to say, No. We have advocated the idea of letting every man who is eligible for membership in his County Society have the Journal of the Arkansas Medical Society for a given length of time free, with the view of inducing such an one to become a member; but as no formal action was taken by the House of Delegates, the matter stands in statu quo. One thing could be done without any action of the House of Delegates and without any action of your County Society, and that is this: Each physician could be delegated as a committee of one to bring this matter before all who are undergraduates and all who are non-members of his County Society, and urge upon them to become subscribers to the State Journal. We have very little faith in one, however; as committees of one usually never do anything worth mentioning. What is everybody's business, is nobody's business. This same old rule will apply equally as forcibly to committees of one; but we know of no better plan or scheme. We feel that there is room for a great work along these lines. We are convinced that the membership of the Arkansas Medical Society could be materially increased if our members would take it upon themselves to do a little individual work. We will venture the assertion that there have not been ten members united with any County Society of the State who have been induced to become such by individual efforts of anyone, save the secretary or the president, as through these channels nearly every applicant is secured. It is time—high time—for some individual work to be done. Do not expect your president and secretary to do everything. There is good work for the individual member aside from reading papers and attending his County Society meetings. He has influence which could be brought to bear upon this class of doctors that would be telling in its effects.

The only thing in the way is to get sufficient enthusiasm to produce a little activity. Let the doctors composing the County Society consider this question and do a little

systematic work. Will you do it? If so, make it a special matter of business delegated to you to attend to; that is, the first time you meet an eligible non-member of your County Society, try to secure his application for membership. The first time you meet an undergraduate of your vicinity, try to induce him to "dig up" one dollar for the Journal and send it in to the secretary.

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ITEMS FROM BOONE COUNTY.

The Boone County Medical Society met in Harrison, Ark., on October 2nd. Present, Dr. C. M. Routh, president; Drs. J. R. Potts, Schwartz Baines, F. B. Kirby and L. Kirby.

Dr. L. Kirby read a paper on "Fibrosis of Penis, ." with report of case.

The following resolution was introduced and unanimously adopted:

Resolved, That whereas, our State is liable at any time to epidemics of fatal diseases, and whereas, such epidemics cannot be prevented or controlled save under the direction and supervision of competent medical men; and, whereas, it is unjust to expect medical men to give of their time and means without compensation; and, whereas, the Board of Health of the State of Arkansas is composed of competent medical men empowered with proper legal authority to cope with such epidemics.

Resolved, That our Society urgently and unanimously request our Senator, the Hon. J. Sam Rowland, and our Representative, the Hon. Walk. J. Watkins, to use their influence and votes, to make a suitable appropriation, that the State Board of Health may be empowered to draw upon to conserve and preserve the health and lives of our citizens.

The excessive wet summer has brought about a great deal of sickness.

We of Boone county, are much gratified to note the evident prosperity of the two Little Rock medical schools, to wit: The College of Physicians and Surgeons and Medical Department of the Arkansas University, in that they each have a large number of matriculants.

HOW I SPENT MY FOURTH.

A Report of a Case of Placenta Previa Centralis.

On May the 20th last, I was called to see a woman on account of periodic hæmorrhage from her womb. She stated that she had had several children and believed she was pregnant again; but she said, nothing of this kind had ever happened to her before.

Digital examination convinced me the woman was right, as to her condition, and I left her a laxative mixture to regulate her bowels, some morphine to relieve periodic pains, which she informed were at times severe, and a blackhaw compound, and advised her to rest as much as possible in recumbent position. In about ten days her husband returned, and stated that the hæmorrhage had ceased just after my visit, and she had improved very much, but household duties, and worry had brought back the same trouble. At this visit I recommended the continuance of the same treatment, and impressed upon her husband and herself the absolute necessity of her giving up her household duties, if she expected to carry her child to term. This they agreed to do. She then did well for 15 or 18 days. My Cascara mixture had failed to operate, and she had taken a patent pill, and now she thought she was in labor, and needed my attention at once. On examination I found she was not in labor, the mouth of the womb was soft, the neck almost gone, but there was no dilation, but she was wasting considerable. At this visit, I explained the gravity of the case. I told them that in my opinion we had a case of Placenta Previa either marginal or central, and she was apt to be troubled the remainder of her pregnancy by these periodic hæmorrhages, and when labor did come on, there would certainly be work to do; and that if by chance I could not be present, they must have some other doctor without delay. I thought this caution to be my duty.

From this time on, I saw her every few days. Her bowels were moved morning and night with warm salt solution. My remedies varied a little with very good success, and we had no eventful trouble until July 4th, when labor did come on. I was at a picnic, and on that account went direct to the bedside totally unprepared. Such is a country doctor's fate. On examination I

found the womb had dilated, so that my index finger could enter, and the tortuous veins verified my previous fears. It was a placenta prævia, and the life current was fast ebbing away. The placenta as you all know, serves as the organ of circulation, respiration and nutrition of the fœtus, and when we propose to disturb it, we must be prepared to deliver at once, otherwise we sacrifice both mother and child. So although my instruments were seven miles away I must have them, or not be prepared for battle, therefore I at once set to work to tampon, not with fine anti-septic, nor aseptic gauze or cotton, but with cotton from an old bed quilt, rolled in boric acid. I applied it good, and tight, and as the sequel proved it served my purpose well. No one was at home to deliver what I might need for the occasion, so I determined to make the trip myself. I was in my surry, the roads were bad, in fact one mountain to cross. I promised to be back in three hours. I made the trip, and got back with what I needed in two hours and twenty minutes; from home back to my horse. I was being watched by a crowd of women and I can assure you they are not all fools. So I proceeded in a firm demeanor, to prepare my patient and self for the terrible ordeal. I cleaned my hands, and arms antiseptically. I placed my instruments in hot water. Her bowels having moved well during the morning, I used my Catheter only. I told her on account of her weakened condition, chloroform was not to be thought of. I administered a stimulating hypodermic, and told her, the only safety was in a speedy delivery of both child and placenta. I felt my responsibility and would have welcomed any of you gentlemen very heartily, I assure you. I knew if I had not a head, feet, knee or breech presentation then I must turn, and that before the womb become too much contracted. I now proceeded to remove my tampon, and was much gratified to find that the womb was sufficiently dilated to admit my hand, and it was now, and not till now, that I knew that I had a central presentation of the after-birth. I had passed my index finger around the entire dilated os, and convinced myself that the only way into the womb was through the placenta. There was no time to be lost, the life-blood was literally pouring away. My hand tore through; the Rubicon was passed, and to my dismay the

instruments which I had put myself to so much trouble to get, could not be used. We had a cross presentation, the head was against one innominate, and the breech higher up and against the other. Without withdrawing my hand, I searched for, and seized one foot, and delivered the contents of the womb at once. It was none too soon, for my patient was in a critical condition. It was necessary to administer three or four grain doses of strychnine hypodermically, before the pulse was perceptible. The baby was dead, it was evident from its appearance that it had been for some days which was a satisfaction. I remained with my patient about two hours, had her cleansed, and made as comfortable as possible, and told them that I would return the next day. She made an excellent recovery, with no complications except a couple of chills at the expiration of about a week.

To recapitulate. The woman should be prepared for the ordeal. Move bowels with a syringe, empty the bladder with catheter, approach with anti-septic hands and arms never be in such a hurry as to indicate excitement and tremor, they are sure signs that a man feels his own weakness. If we are not prepared, we should be. If we have not a head, feet, knee of breech presentation, remember we must turn and that before the womb becomes too much contracted. Chloroform is of great service if the patient is in condition to bear it.

Hæmorrhage is unavoidable, and the only safety of mother and child depends on a speedy delivery.

Gentlemen, please make known my mistakes. I promise to profit by it.

NORBORN H. JACKSON, M. D.

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SECOND COUNCILOR DISTRICT TO MEET AT NEWPORT.

Searcy, Ark, October 4. 1906.

My Dear Doctor:

Knowing that you are interested in organized medicine, and feeling the need of organizing the Second Councilor District so that we may be up with the best and most progressive sections of our State, I most earnestly beg your co-operation in organizing the Second Councilor District Medical Society.

I have taken the liberty to designate Newport as the place of meeting, as it is centrally located, and is the most accessible

point in the district for the first meeting. I will ask you to meet me at Newport, November 1, 1906, at 2 p. m. Now, doctor, come prepared to have a good meeting. Wake up and let us have one of the best societies in the State. We can do it. We have the material; we have the talent. And I ask why not do it, and do it now? We all know that we cannot come together as medical men without being very much benefitted, and I am sure that we will never regret the time and expense given to pushing organized medicine to the front, where it justly belongs, and where it will ultimately go whether we help or not. Trusting that I may have the pleasure of meeting you in the near future, I am very truly yours,

J. M. JELKS, M. D.

Councilor Second District.

You are very cordially invited to meet with us.

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TO THE SECRETARIES OF COUNTY SOCIETIES.

Some time ago your State Secretary requested that you send a list of your non-members to his office. With this request you were told that a plan had been set on foot whereby you might possibly secure the membership of some of your non-members. We regret very much to say that up to the present time nothing definite has been done by your State Secretary. Not from any fault of his own, however: but from the simple fact that less than one half dozen secretaries have replied to this request. Unless all, or nearly all, of our counties are heard from, it will be too expensive to undertake to do this work. We sincerely hoped that these reports would come in unanimously, and by this time each County Society would be noticing the result of this effort. But, alas, we fear that the undertaking will have to be abandoned. This is only written to explain why nothing has been done.

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BULLETIN OF THE ILLINOIS BOARD OF HEALTH.

The secretary has received a copy of the Bulletin of the Illinois State Board of Health. We take pleasure in stating that this Bulletin is complete and reflects great credit on the secretary, as well as the Board.

A LETTER AND A REPLY.

New York, Oct. 8, 1906.

Publisher, "Arkansas State Medical Journal," Little Rock, Ark.

Dear Sir:

Will you kindly quote us your lowest net price for the insertion of a half page advertisement once a month, three times, opposite reading, in your Journal.

Also please state what your *paid* circulation averages per issue, and forward sample copy under enclosed wrapper.

Your immediate reply will oblige,

Yours very truly,

SCOTT & BOWNE,

Advertising Department

Per I. C.

REPLY.

Little Rock, Ark., October 12, 1906.

Messrs. Scott & Bowne, New York,

Gentlemen:

Replying to your communication as printed above, I am presuming that you desire to run an advertisement of your "Scott's Emulsion," in the JOURNAL OF THE ARKANSAS MEDICAL SOCIETY, and acting on this presumption, I beg to inform you that the columns of the JOURNAL are closed to your firm for the exploiting of this nostrum. Only yesterday while riding on one of our trolley cars, I observed the advertising space in the car contained a large card with the picture of the man with the codfish on his back, with some inscription for the laity to read. Again, your "ad" is to be found in numbers of the newspapers of the country; and in the very face of these facts, you have the "unmitigated gall" to ask for space in a State Journal, representing the medical profession of a great state. No, emphatically No, THE JOURNAL OF THE ARKANSAS MEDICAL SOCIETY, will not condescend to carry your advertisement at any price. Neither will it give you its "paid circulation" or send you a sample copy, as it does not want your business. You can not hand your "Emulsion" to the laity over the druggist's counters as a result of wholesale advertising through newspapers, etc., and at the same time undertake to "advertise" to the profession of Arkansas through our JOURNAL. No, a thousand times No.

The following letter has been received from Dr. I. C. Chase, secretary-editor of the Texas State Journal of Medicine:

Fort Worth, Tex., Oct. 9, 1906.

Dr. C. C. Stephenson, Little Rock:

My Dear Doctor:—I have read with great interest your September issue of the Journal of the Arkansas Medical Society. The editorials are timely and of great strength and interest. The Journal is exceedingly neat in appearance, and reflects great credit upon your efforts. I know that the work you are doing for the Arkansas profession is a great one, and although it may not be immediately profitable to you, it cannot but result in great good to the cause of medical organization in your State.

With very best wishes, I beg to remain,

Very sincerely yours,

I. C. CHASE.

Thank you, Doctor Chase, for this nice compliment. We can say with all sincerity that we feel that the editor of the Journal of the State Medical Association of Texas, is doing as great work for medical organization as any other State in the Union; and the Texas State Journal of Medicine is the equal of any State Journal published.

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REPORT OF THE GORDAN MEMORIAL
COLLEGE, KHARTOUM, SOUTH
AFRICA.

The secretary is just in receipt of a report of the investigation made by the officers in charge of this class of work in Gordon Memorial College. Mr. Andrew Balfour, M. D., is director. Dr. Welcome, who has charge of the original research, is an American, and has expended a great deal of time and money in making scientific investigations which are productive of great good, and have enlightened the medical profession on a great many mooted questions. This report of the investigation is voluminous. The press work is excellent, and the illustrations well executed; in fact, the book is as good as any other volume of this character. We have perused this book with great interest.

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Dr. G. V. Poynor, of Green Forest, visited Little Rock recently.

DR. RUNYAN RESIGNS HIS SECRETARYSHIP.

At a meeting of the State Board of Medical Examiners, held last night in the office of Dr. J. P. Runyan, the resignation of Dr. J. P. Runyan, Secretary of the Board, was received, and Dr. F. T. Murphy, of Brinkley, Ark., was elected in his stead.

Dr. Runyan is the dean of the College of Physicians and Surgeons of Little Rock, the new institution which is located on Lincoln avenue. The state law provides that a physician connected with a medical college can not be Secretary of the Board. Dr. Runyan said last night that his resignation from the board was not compulsory, in as much as the law did not provide that he could not remain a member. He said he would still retain his membership in the board, as he could not construe the law in a way that would deny him the right to serve out his time as a member of that body. He said further that other pressing duties made it necessary that he resign the secretaryship and devote his entire time to those duties.

As a mark of esteem in which he was held by the members of the Board he was presented with a gold-headed cane, on which is inscribed "Arkansas State Board of Medical Examiners to Dr. J. P. Runyan, an Exemplary Secretary." The date 1906 is also engraved on it.

The members of the Board present at the meeting were: Dr. M. L. Norwood, Lockesburg; Dr. G. V. Poyner, Green Forest; Dr. B. L. Harrison, Jonesboro; Dr. F. T. Murphy, Brinkley; Dr. Vernon MacCammon, Arkansas City, and Dr. J. P. Runyan, Little Rock.—Gazette.

NEW MEDICAL COLLEGE FOR SHREVEPORT.

From the Medical Record, of Shreveport, we learn that a new medical college is likely to be opened in Shreveport, which will be the Medical Department of the State University. It is hoped to have this college in operation in time for the next fall session. No doubt the university will have a faculty well qualified to teach medicine in all its branches. Shreveport has a number of first-class physicians, gentlemen who are well versed in the medical science, and we feel confident that the new college will have a good class from the start. The matter of

locating this college at Shreveport lies in the hands of the Board of Administration of the State University, who have agreed to give Shreveport impartial consideration in the matter of selecting that place as a site for the college.

PASSING OF THE ST. LOUIS MEDICAL JOURNAL.

Since our last issue Dr. A. H. Ohman Dumesnil, editor and proprietor of the St. Louis Medical Journal, has seen fit to consolidate his publication with the Medical Mirror of St. Louis, a journal which has been shown to be antagonistic to every interest of organized medicine, and which is about of the same stripe as the Dumesnil publication. These two, consolidated, will surely make a team, and it is not a team of horses, nor is it a team of mules but a team of that long "year-ad" species of animal, whose main mission in life is not to work, but to make a loud noise. We trust their noise hereafter will not disturb the quietude of any respectable doctor. Let them R. I. P.

YELL COUNTY MEDICAL SOCIETY.

Dardanelle, Ark., Oct. 9, 1906.

The Yell County Medical Society met in Dardanelle, October 9, 1906.

While only a few members were present, we had a very interesting meeting. Dr. J. S. Westerfield, of Conway, Ark., the councillor for this district, was present, and in his pleasant, genial manner, gave us great encouragement, and by his visit we all will be better prepared to pick up courage and battle with the infirmities of the human family in the future.

Dr. Norborn H. Jackson read a very interesting paper on "Placenta Previa Centralis." Dr. J. R. Linzy reported a case of complete suppression of urine in infancy, which resulted in death; patient lived nine days.

Dr. McKenzie reported a case of puerperal eclampsia.

A. H. McKenzie, Sec.

D. B. L. Harrison of Jonesboro, Dr. Vernon MacCammon of Arkansas City, and Dr. M. L. Norwood of Lockesburg, have been in the city in attendance upon the meeting of the State Board of Medical Examiners.

The second annual course of lectures given by the Harvey Society of New York will be opened on October 20, 1906, by Prof. A. E. Wright, of London. Ten lectures are to be given during the year, the lectures and dates being as follows: October 20, A. E. Wright; November 3, C. A. Herter; November 17, W. T. Porter; December 1, J. G. Adami; December 15, George Huntington; January 12, F. J. Benedict; January 26, E. B. Wilson; February 9, S. J. Meltzer February 23, W. T. Councilman; March 9, Friedrich Muller. The officers of the society for the coming year are Graham Lusk, president; Simon Flexner, vice-president; F. S. Lee, treasurer; George B. Wallace, secretary; and C. A. Herter, S. J. Meltzer, and James Ewing, councilmen.

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The Delaware Antituberculosis Society, which was incorporated recently, will build a sanatorium and dispensary for the tuberculous near Newcastle, on a plot of ground of several acres, given by a member of the Du Pont family. Patients will be cared for in tents until the buildings are completed. The establishment will be constructed along the same lines as those followed at White Haven, and recommended by Dr. Lawrence F. Flick, of Philadelphia. Dr. John J. Black is at the head of the movement, in which many prominent Delawareans are interested.

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True to his promise made to the International Congress on Tuberculosis in Paris last autumn, Behring announces, according to the *Medical Record*, that the new remedy is ready for delivery in small quantities to clinicians who are in position to make satisfactory tests. He is not ready to put the remedy on the market, as it has not yet been sufficiently tested, but hospital physicians will receive it in small amounts free of charge. The remedy, which is called tulse, may be given hypodermically or per os.

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The American Association for the Advancement of Science will hold its next annual meeting in New York City, December 27, 1906, to January 2, 1907, inclusive. The proceedings of Section K—Physiology and Experimental Medicine—will be of especial interest to our readers.

The consumption of drugs in the war carried on in the Far East is one of importance. Quite early in the war upward of 100,000 ounces of quinine were demanded, and stocks of bismuth subnitrate and sodium salicylate were exhausted. Fifty thousand large cases of medical supplies were shipped from Japan at one time. The demands for adhesive plaster, gauze, cotton, and other surgical dressings were enormous, and supplies difficult to procure. Two million pills a day were supplied by the army's tablet and pill works of Japan. The government of Japan purchased all of the available stock of beechwood creosote, which was made into pills, and each soldier was required to take one a day to prevent dysentery. Each soldier carried a tin containing 90 pills, and they were labeled "Russian Expedition Pills." The government of Japan at one time purchased one hundred thousand pounds each of carbolic acid and corrosive sublimate. These supplies were obtained mainly from Great Britain and the United States. Every item was examined by experts and had to be in accordance with the army pharmacopoeia.—*Red Cross Notes.*

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Rum as a Stimulating Tonic.—Bond holds that Jamaica rum is a much neglected and very valuable alcoholic stimulant. In phthisis, rum and milk are highly advocated. Old authorities state that the stimulation of rum is greater and longer continued than that of any other liquor and that it is the only alcohol beverage which produces sweating. In using rum, the physician should use care that the patient gets Jamaica rum rather than Demarara rum.

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Five fanatics, says the *Medical Record*, were censured in a verdict rendered by a Rochester coroner recently on the death of a young woman from meningitis. This girl was ill eleven weeks, and was attended only by so-called Christian Science "healers," their treatment consisting of prayer and endeavoring to impress upon the mind of the girl that she was not ill, and if she but realized she was as "the ideal child of God" her ills would be overcome, and she would be well. The coroner recommended that the Health Bureau proceed against these "healers" under a city ordinance for neglecting to report an infectious disease.

TO CHESS PLAYERS.

We have been requested to publish the following letter:

The Tri-State Chess Association, an association of over four hundred players, the majority of whom reside in the Central States, is arranging a correspondence match of chess of the Doctors versus the Laity. It is desired to have physicians from every section of the United States engaged in this match. Therefore, every chess loving physician is hereby invited to become a consultant in the case. The match will begin in November. All who will play are urged to send name and address, stating number of games they will take on, to the president of the association. Address: D. Van Nuys, President, Lorain, Ohio.

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THE INSURANCE QUESTION.

The State Journal of the Texas Medical Association is doing a great work along the line of advocating a \$5 for insurance examinations. The editor has carefully prepared

a list of all companies who pay \$5, which list we reproduced in the last number of the Journal of the Arkansas Medical Society. This has already borne fruit, inasmuch as the Insurance Commissioner of the State of Texas has secured copies of this Journal, and sent one to each of the insurance companies, accompanied with an official statement requesting that proper business consideration be given the medical profession of Texas in the matter of fees. Dr. Chase deserves a great deal of credit for the work that he has taken upon himself along these lines.

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The Pulaski County Medical Society will meet Monday, October 15, at 8 p. m. Essay for the evening will be "Malarial Hematuria," by Dr. McLain. This is the first session after the Summer vacation and the beginning of the fall meetings. This Society meets every fortnight.

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Dr. F. T. Murphy of Brinkley, was in the secretary's office a few days ago.





BOOK REVIEWS



REPRINTS RECEIVED.

The following reprints have been received by the Secretary, as noted:

Laryngeal Edema, by Harman Smith, New York, reprinted from the Medical Record, April 21, 1906.

Report of case Radical operation for chronic Otitis Media Suppurativa; operation for Epidural Abscess. Death. By Harmon Smith, M. D. New York.

A description of the Basle Anatomical Nomenclature (B. N. A.) Advance sheets from Dr. Lewellys F. Barker's forthcoming book, "Anatomical Terminology." P. Blakistons Son & Co., Philadelphia, Pa.

The Surgical Clinic of Today; its status and methods of teaching, by Nicholas Senn, M. D., Chicago.

A Plea for the International Study of Carcinoma, by Nicholas Senn, M. D., Chicago.

The Needs and Advantages of an International Congress of Military Surgeons, by Nicholas Senn, M. D., Chicago.

First Aid on the Battlefield, by Col. Nicholas Senn, M. D., Chicago.

Order these reprints from the authors.

The Secretary has received the Official Program of the 56th Annual Session of the Medical Society of the State of Pennsylvania, which was held September 10-13, at Bedford Springs. This program is the most complete and elaborate that has come to our desk recently.

We have also received program of the Wyoming State Medical Society, 8th Annual Session, held at Casper, September 24-25.

We also beg to acknowledge receipt of the program of the Idaho State Medical Society, 14th Annual Session, held at Lewiston, October 4-5. Both the Idaho and Wyoming Programs are neatly gotten up and contain a good list of papers to be presented.

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Practical Dietetics with reference to diet in disease by Alida Frances Pattee, graduate Boston Normal School of Household Arts. Late instructor in Dietetics, Bellevue Training School for Nurses, Bellevue Hospital, New York City, Special Lecturer at Bellevue, Mount Sinai, Hahnemann, and the Flower Hospital Training Schools for Nurses, New York City; St. Vincent de Paul Hospital, Brockville, Ontario, Canada.

12mo., cloth. 300 pages.

Price \$1.00 net. By mail, \$1.10. C. O. D. \$1.25.

A. F. Pattee, Publisher, 52 West 30th street, New York.

This little book is a compilation of a full list of dishes for the sick, with methods for preparation, taken from the most prominent lecturers in the United States. In the preparation of this text book it has been compiled mainly from the latest diet lists of prominent practitioners, such as W. Gilman Thompson, L. Emmett Holt, Louis Starr, Max Einhorn, Henry Koplik, Frederick C. Shattuck, E. Cutler, N. S. Davis. The Journal recommends the book.



THE JOURNAL

OF THE

Arkansas Medical Society

VOL. III

LITTLE ROCK, ARKANSAS, NOVEMBER 15, 1906

NO. 6

Papers Read and Discussions on Same

Before the Arkansas Medical Society, Hot Springs, May 8-10, 1906.

SECTION ON OBSTETRICS AND GYNECOLOGY.

WEDNESDAY AFTERNOON, MAY 9.

In the absence of Dr. Yates, Dr. Hatchett was called to the chair. Dr. Rhine, secretary, not being present, Dr. J. M. Shepard, of El Dorado, was unanimously chosen secretary for the meeting.

Dr. Dunavant: Mr. President, I wish to announce that Dr. John Punton, a noted neuropathist of Kansas City, has a paper to bring before this society; which I am sure will be very interesting, and I would like for you to designate some time when we may receive it. The paper is on "Neurasthenia", and was to have been delivered at last night's session; but the doctor's train did not get in until late last night, and he could not reach the city until the train came in. If there are any papers short on the program this afternoon, I will request that Dr. Hatchett ask Dr. Punton to come forward and read his paper at that time.

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COMPLETE PERINEAL LACERATION.

(By Dr. J. P. Runyan, Little Rock.)

It would be difficult to conceive of a pathological condition more terrible in its consequences than the effects on the nervous system of a woman of refinement wrought by the involuntary escape of flatus and feces, due to the lack of sphincter action; as is the case in all complete perineal lacerations. Such a woman being necessarily excluded from society becomes moody and morose, and the only wonder is that it does not more often lead to more serious mental disturbances. The gratitude of a patient successfully operated upon, whose life has been made miserable for many years by incontinence of feces, is simply marvelous. It is needless here to call attention to the necessity for immediate repair of all perineal lacerations after child-birth; because I am sure every member of this society heartily endorses and always practices immediate repair of all recent lacerations. In this connection, I wish to emphasize the importance of

thoroughly examining every case immediately after labor for any rent which may have occurred and which may be overlooked if careful investigation is not made to discover it. A few sutures properly placed immediately, may be, and usually are, the means of saving the poor woman a lot of suffering and the necessity of a future operation. In very few instances will union fail to occur if suturing be done properly, and for this reason, I would urge that, instead of the suturing being done without anesthetic, as advised by many authorities, the suturing be done under a general anesthetic, and great care exercised in order that we may obtain the very best results. Anything worth doing at all is certainly worth doing right, and I am sure no one can do this as well without anesthetic as can be done when the patient is unconscious. Notwithstanding the contention of many, that sensibility is obtunded by labor, that the patient will experience no pain by the passage of the sutures, I must insist that the patient who has just gone through the ordeal of giving birth to a baby has a right to expect the doctor's sympathy and should have the benefit of the doubt as to whether the suturing will give rise to pain, and have a general anesthetic. It will at least prevent the possibility of making her more nervous, and will render it possible to execute the work under more favorable aseptic technic.

Dr. Howard Kelly read before the Southern Surgical and Gynecological Association, at Louisville, on December 12th-14th, 1905, a paper entitled, "Starvation and Locking the Bowels from Ten Days to Two Weeks," wherein he gives his mode of diet and locking the bowels for ten days after operation for complete perineal tears. He admits that 'the patients beg and even cry for something to eat, and that one must be possessed of great moral courage in order to enforce this method of after treatment in such cases.

There has been much said and written pro and con with reference to the after treatment in these cases of operation for complete tears. There is one class that contends for locking the bowels from two to ten days, and the other that it is best to maintain the bowels in a soluble condition from the very

outset. I believe with the latter class, that the patient is made to feel more comfortable, and the best results attained by having the bowels kept in a freely soluble condition from a couple of days before the operation, in order that the intestinal tract may be thoroughly freed of any irritating substances or scybala, to ten days or more after operation, or until firm union shall have occurred.

After my operations for complete perineal tears, I introduce a large rubber tube about six inches in length into the rectum, which is fixed by means of a silk-worm gut suture passed through the tube and the posterior wall of the rectum and securely tied; the tube being allowed to remain in this position for ten days. Every morning the patient is given a dose of epsom salts, and after each action of the bowels a nurse is directed to irrigate the field of operation, in order to maintain the most scrupulous cleanliness. The patient is encouraged to void her urine, after which the parts are irrigated, preferably to having the nurse use a catheter. No matter how aseptic the nurse may be, there is always a possibility of infection of the bladder. There are several operations advocated by various operators for complete perineal tears. I prefer the flap-splitting method, turning an apron up and down, thus allowing of the introduction of the sutures without the necessity of doing any suturing within the rectum. Special care should be taken to see that the retracted ends of the sphincter muscle are carefully dissected out and sutured with cat-gut, re-enforced with silk-worm gut.

In all the cases I have treated where I introduced this rubber tubing and kept the bowels open, instead of keeping them stopped, very satisfactory results have been achieved. I think it a very important point notwithstanding Dr. Howard Kelley's ideas to the contrary. I do not believe it good practice. I have never had any trouble with results since I began using the rubber tube and feeding the patient on Epsom Salts every morning, in sufficient quantity to secure two, three or four actions of the bowels daily. The patient feels comfortable, the healing of the lesion progresses nicely, and in every case in which I have used it, union has been perfect. Suppose you take a well person and lock his bowels for ten days or two weeks, I am sure it would almost make him sick; and I am certain that any method that contemplates locking the bowels of any one for a period of a week or ten days after an operation, adds very much to the bad feeling, uneasiness and general uncomfortable condition that always follow. (Applause.)

DISCUSSION.

Dr. Canfield: I do not wish to discuss the paper, but simply to ask a question. The doctor, in his closing remarks, speaks of the use of this tube, and at the same time securing three or four actions daily by keeping the bowels open. I would like to ask if these evacuations were separate and distinct, or if there is gradual leakage all day long. Did

you put anything hard in that tube, or just put in the rubber tubing?

Dr. Bolton: Mr. President, I don't care to enter into any extended remarks. I just want to emphasize the point that Dr. Runyan mentions about the immediate suturing of the ruptured perineum and bowel. Dr. Runyan will remember operating on a case of mine that I brought down to him. I had performed an operation after the delivery of the child, which had produced complete tearing of the bowel and perineum; but the perineum did not heal; he it required a secondary operation almost immediately. She finally recovered; but is in bad health today.

As the doctor has so aptly pointed out, there is no condition in the world that makes a woman feel so utterly hopeless and miserable as this; and if we can get any plan that is at all successful, I think we should encourage the women to submit to the operation.

Dr. Lindsey: I have been much interested in Dr. Runyan's description of his method of securing union in cases of lacerated perineum. I believe that repairs should be made promptly, when we can do so without any detriment to the nervous system of a woman. I would like to know what proportion of cases that come under the care of physicians or competent midwives, have resulted in lacerated perineum. I would also like to know the percentage of recoveries that have been secured by proper surgical procedure. I have never heard but one physician make any expression upon it. That was Dr. I. J. Newton, now of Monroe, La. He told me that he had to be satisfied with about ten per cent of recoveries. I must confess that I have not even got that many.

After the birth of the child must we proceed immediately, in order that closing of the perineum may result, or should we wait from twenty-four to thirty hours? I have never been given to operating much; but rather depend upon nature repairing the rupture after laceration. I don't know what has been the experience of other practitioners in this respect. I would like to have the doctor's opinion as to how soon after labor should we undertake to repair the ruptured perineum, with the expectation of getting a permanent cure. Dr. Miller at Little Rock says that about thirty-six hours after parturition, he puts the woman under chloroform, and has had much better results. Here lately I have almost abandoned closing of the perineum, unless it is too badly lacerated. The chances are good for complete repair without surgical interference.

Dr. Williamson: I would like to ask my colleague across the way what he means when he says he does not cure as much as ten per cent of the tears he operates on. Does he mean that he does not get union on account of pus formation? If so, the solution of that problem lies in asepsis.

I agree with Dr. Runyan that the suturing should be done under general anesthesia. I believe it could be done with average success if we could always have our patients clean. Of course, in sanitariums this is easy, but with

the country practitioner conditions are not so favorable.

Dr. Foltz: I would like to ask the essayist the diameter of this tube. I understood the length, but not the size. I would also like to have him explain a little more fully as to how he attaches the sutures.

Dr. Runyan: I would rather have a tube not less than one-half inch inside diameter. That is placed about six inches up into the rectum. A curved needle is used for suturing, running through the posterior part of the rectum, through the median line, right out through the posterior part of it. If you have a tube that is large enough it will not double on itself or come out. Then every morning, beginning with the next morning after operation, a cathartic is administered in three or four doses—whatever amount is necessary to cause the patient to have at least one copious discharge. As a rule, they will have one large action; and, in the course of half an hour or so, there will be another action that will come away. If it is not copious as the first, it is probably all right; you may get two or three additional discharges during the day. Keep up sufficient amount of salts necessary to produce watery actions. What you want to do is to try to avoid any hard fecal matter coming down through this tube; so that there may be no chance of getting it stopped up. Too much care cannot be exercised as to cleanliness. After each action of the bowels the tube should be irrigated and the parts affected cleaned and kept clean. Plenty of gauze should be used and the tube and parts adjacent kept as thoroughly sterile as possible.

I would like to ask Dr. Lindsey if he had reference to the difficulty of keeping the parts clean.

Dr. Lindsey: I had reference to keeping out infection. I want to ask if it is your habit to keep up the irrigation of these perineal tears?

Dr. Runyan: Yes, sir.

Dr. Lindsey: What has usually been the percentage of success in your cases?

Dr. Runyan: As to the discharge taking place and the means of keeping those parts clean, so that you could establish healthy union, it is my information that the lochial discharge, unless it has been infected from without, is usually aseptic. If the doctor has been a little careless in his technic, and in this way has allowed infection to creep in from the outside, there may be difficulty; but unless asepsis has been neglected, or improper fastening of his sutures and failure to get the parts together properly. I believe that as a rule cat-

gut holds well where the suture has been drawn neatly and the flap turned or carried over, and is practically aseptic in every case. I believe the majority of physicians who have been careful in their technic, will bear testimony of the truth of this statement; and I believe they will agree with me in the assertion that it is a very good idea to protect the hands with rubber gloves for this operation. I believe that every physician should use rubber gloves in his obstetrical work. It enables him to do more satisfactory repair work, be thoroughly sterile, and make a nice and complete toilet.

In suturing these perineal lacerations, we should be as thoroughly aseptic as though we were to do a laparotomy. It is needless to say that anything intended to be introduced into the rectum should be absolutely sterile.

The good to be derived from the use of the rubber tube, and its superiority over any other method I have ever tried, led me to write this paper in order to bring it before this society.

Dr. Clegg: Does the woman have control all the time?

Dr. Runyan: She has no control whatever: that is the beauty of it. When the fecal matter comes down to the rectum, it runs out and does not have a chance to become solidified. You know the bowel action is liquid from the pylorus, liquid at the sigmoid and liquid until it comes down to the rectum. If it is allowed to become checked and clogged the fecal matter is carried back into the system by absorption, is solidified and becomes hard, dry scybala, and comes down with the next attempt at action.

The Chair: Don't you sew around the tube? Is it sewed to the rectum? What holds it? How do you keep the parts clean?

Dr. Runyan: The tube hangs loosely within the rectum and can be irrigated both inside and outside. After the discharges it is easy enough to wash it out and cleanse it of feces without any trouble. The tube is fastened in with sutures. You can see, you sew within the flaps; but the suturing is done outside of the rectal wall. One apron is turned down and one is turned up. All my suturing is done without the rectal wall.

As to the percentage of success, will say it is practically one hundred per cent. I have not known of any failures, except such as were due to faulty technic; in which case it was only necessary to do the work over again. Union by first intention without a drop of pus is the rule.

THE JOURNAL

OF THE
Arkansas Medical Society

Owned and Controlled by the Arkansas Medical Society with
no Other Proprietary or Business Interests Whatever.

PUBLISHED MONTHLY, Price, \$1.00 a Year in Advance.
Single Copies 10 Cents.

Published on the fifteenth of each month under the
direction of the Committee on Publication.

Entered June 24, 1904, at Little Rock, Ark., as
Second-class Matter, under Act of Congress of July 16,
1894.

All communications to this Journal must be made to
it exclusively. Communications and items of general interest
to the profession are invited from all over the State.
Notices of deaths, removals from the State, changes of
location, etc., are requested.

Our readers are requested to send us marked copies of
local newspapers containing matters of interest to members
of the medical profession. We shall be glad to know
the name of the sender in every instance.

Matter appearing in The Journal of the Arkansas Medical
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Accounts payable quarterly.

Address all communications to C. C. Stephenson, M. D.,
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Elks Building, Little Rock.

THANKSGIVING.

Thursday, November 29, having been set
apart as our National Thanksgiving day, we
feel like we would not be doing our duty in
publishing this issue of the Journal of the
Arkansas Medical Society without reminding
our professional brethren that it is time to
render thanks unto the Giver of all good
gifts, for the many blessings that we have
been the recipients of since our last National
Thanksgiving day.

It is not our intention to merge this into a
sermonette but a few remarks may not be
amiss.

We should ask for ourselves, what are we
to be thankful for? The answers to this
question are too numerous to specify.

The trouble with a great many of us is
that we are like the ordinary hog. we eat the
acorns from the oak that the Creator has
planted, but we fail to look up to see where
this food comes from.

While we are enjoying our Thanksgiving
feasts, would it not be well to recount the
blessings that we have enjoyed, and to re-
member those who are less fortunate? Could
we not make some heart glad by supplying
a thanksgiving dinner, where there would
otherwise be no Thanksgiving dinner?
Aside from attending our usual place of wor-
ship, we should make some heavy heart
lighter by the simple act of sharing with
others the blessings which have been
showered upon us for one meal only, if
nothing more. The trouble with the aver-
age physician is that we have the cares of so
many, the sufferings of so many to look after
and think about, that we fail to spread the
sunshine and happiness where we ought.
We do not take the time to extend a cordial
"Good morning" to those to whom such a
greeting might give a cheery heart all day.
Can we not for one day in the year leave off
our cares and extend to the extent of trying
to help somebody to be better; to make some
life brighter; to sweeten the bitterness of
some one's cup? We never can tell what
moment such treatment would be very
acceptable to us were we placed in the other
fellow's shoes. We never can tell just when
we may be placed in their position. Ad-
versity comes swiftly, and although we may
enjoy blessings on this Thanksgiving day
we have no assurance that we shall be in the
same financial or physical condition this
time one year hence. Then the smiles that
we give and the sunshine and happiness that

we scatter to some other to enjoy might be as bread cast upon the waters to be gathered up months hence.

Let us all not only return thanks to Him who giveth abundantly, but remember those around us who are less fortunate.

—X—

THE EDITING OF A MEDICAL JOURNAL.

There are many things a doctor has to perform that are unpleasant; there are many duties that a doctor has to perform that are pleasant; fortunately the unpleasant sides of life are in the minority. There is no real enjoyment unless coupled with hard work; there is no success without honest endeavor and perseverance. To whatever degree your success may attain in any field, it can only be measured by the effort that you make. To be sure there may be contributing circumstances that will aid and assist you; there may be outside influences that will tend to force a failure; but the fellow who rolls up his sleeves, wades in and stays with a proposition, never faltering, is the one that will reach the goal.

Editing a medical journal is a matter of no light consequence; to say those things which will be acceptable to the profession, and leave out those things that one sometimes desires to say, which might not be relished, requires not only tact, but somewhat of ingenuity; and even then criticisms will come to the best efforts; in fact, no one succeeds who is not criticised. He that is without criticism is a failure.

It may have been noticed that the October issue of the Journal of the Arkansas Medical Society contains a great deal of editorial matter; in fact, a dearth of questions was brought up and commented upon, and the lack of medical society news was apparent. We shall offer no excuse for this condition of affairs. We feel that the fault does not lie at our door, as numbers of our County Society Secretaries failed to send in reports of their meetings and the policy of the Journal has been to do very little copying from other journals. To those who imagine that securing forty-eight pages of medical matter is a small task, we beg to say that they would be willing to confess their error after trying it one time, and be ready to render a different decision.

Again we urge the members of the Arkansas Medical Society to supply us as promptly as possible with any news that would be of in-

terest to the medical profession of our State. If there are any notable happenings, removal, marriage, death, or in fact, any occurrence of a medical nature in your neighborhood, kindly take the time to send report to the Secretary, so that it may appear in the next issue of the Journal.

—X—

COUNTY SOCIETY WORK.

There are some county Medical Societies in the State doing a great and good work; there are others that are barely existing; in fact, they seem to show that they lack the inspiration of one live worker. County Society work to be effective and continuous must be systematic; not only systematic, but the motive must be behind the work of all societies to be noteworthy and effectual. The members must have a sincere desire to make themselves more proficient and to get the ideas of brother practitioners. If a meeting is perfunctory, no good whatever will come of it. If a few members meet for the purpose of smoking a few Havanas, and tell a few stale jokes, they might as well stay at home, so far as the benefits to them are concerned. Why not outline the work of your County Society for three months in advance; and not only outline this work, but take up the medical branches and have a review occasionally and a quiz every other meeting or so upon some medical branch. This would not at all be out of place. Let some man be selected to do the quizzing, let it be understood that he thoroughly have his subject in hand when his time comes around, and have him to assume the role of quiz master.

It has been said that quizzes in a County Society will keep some physicians from attending for fear of not being able to answer the questions that might be asked them. To all such we would like to say, that any physician who is unwilling to learn that which he does not know, or which he has forgotten, that he, in his pride, assumes the mastery of, the sooner a community is rid of such a physician the better it will be for all concerned. Any such a doctor is no more than a bump on a log. The time has arrived when a community would better ask the question of their family physician: "Are you a member of your County Society?" instead of putting the query: "What college did you graduate from?" Not stopping at this interrogative but insist upon knowing whether the member attends his med-

ical society meetings. His membership amounts to very little unless he back it up with his attendance. Post-graduate work on an elaborate scale may be planned, not only planned, but executed, in any society where the members are active. To such societies that cannot, for any reason, do post-graduate work on such a large scale, this same work could be carried on, planned to suit the needs of the membership. To be sure a membership of a dozen would not expect to elaborate on work of any kind suitable for a membership of fifty or one hundred; but if the County Societies are not doing the work that is intended for them to do, the aims of our grand and glorious profession have miscarried. Let it be said at our next State meeting that every County Society in Arkansas is doing good work. We trust that every delegate will have a definite report to make, instead of one that is negative along this line.

—X—

A PATHOLOGICAL EXHIBIT.

In the October issue of the Journal the subject of a pathological exhibit for our next medical society annual meeting was mentioned. We take occasion to reiterate what we said and enjoin upon our members to save every pathological specimen that they possibly can for our next meeting; also be sure to send anything that you have on hand for this exhibit. We know of no better way of aiding those who desire to make investigations along certain lines, than with pathological exhibits. They are next to the real case itself and no text book will make the picture that this exhibit will make. We certainly trust that all specimens sent in will be donated to the Society; however, if any sender wishes his exhibit returned, the Society will gratefully thank him for its use, and will be glad to let him have it back.

Let's all work for a good pathological exhibit. We want one hundred specimens to start with. If one physician out of every ten will take this matter in hand and contribute a specimen, we shall have the one hundred specimens. Don't forget such data as will be necessary for information and identification of the sender. The name of each contributor should accompany each specimen, together with a short note describing it. This data should be type-written, though this is not essential.

INSURANCE FEES.

We have received a carbon copy of a letter from Dr. A. W. McCormack, Secretary of the Kentucky State Medical Society, Bowling Green, Ky., transmitting a copy of resolutions unanimously adopted by the Kentucky State Medical Society, in reference to the question of insurance fees. These resolutions we cheerfully publish elsewhere.

The doctor writes that he would like to have an expression stating that these resolutions will appear in the Journal of the Arkansas Medical Society, and the stronger the expression the better. While we are heart and soul in favor of these resolutions, we feel that acting as an official for the State Society, it would be best for the profession as an organized body to speak first. In an individual capacity we would not mind giving the doctor an opinion. We certainly feel that the time is fast approaching when the States will all pass resolutions similar to those of Kentucky.

—X—

SOME SIDE REMARKS.

Knock the "Knocker" before he knocks your society.

The county society is no place to tell smutty stories.

If the county society is of no benefit to you, ask yourself the question: Whose fault is it?

A good trio motto for a county society: More Knowledge, More Fraternalism, More Conscience.

Be careful of your applicants for membership. It is easier to hastily elect, than to leisurely reject.

Let the spirit of fraternalism pervade the very atmosphere of the meetings of the county society.

Doctor, can you not sandwich a little credit for the other fellow's skill in between your calls and office work?

The "Drones" in the medical hive, usually get their share of the fruits of others, labor, although they never contribute one thing to medical organization, except criticisms.

A cheery good morning, a smile, cost nothing, but may be some one's stock in trade

for that day, and may bring you good returns. Invest in a little sunshine, it will do you good.

Beware of the doctor who never has time. No man has a corner on time. It is the way that we use our time that counts.

The member who uses his membership for his own personal aggrandizement, is a disgrace to any county medical society.

A good barometer for a county society: Faith without works is dead. Show your faith in your county society by your works.

When you hear a doctor say "Do not measure my corn in your half bushel," you may rest assured that he gives short measure.

Are you giving your county society "A Square Deal?" Are you trying to do for the society that which you owe it? If not, "get busy" and pay up.

In six days the Lord made the Heavens and earth, and all that in them is, but there are many physicians who talk and act as though they bossed the job.

Doctors "who live in glass houses, should not throw stones," neither should they leave their shades up, as those on the outside might learn of their meanness.

When you hear of a doctor as being "a shining light" rest assured that all of his rays of light emanate from himself personally, and from individual effort.

There are many doctors who would not use the "Golden Rule" even though they were presented with one made of the "Real Stuff." They usually prefer their own rule, right or wrong.

It is said that "Candy Cascarets work while you sleep." The difference between the cascarets and an ordinary thief, is, that the thief sleeps while you work. Both are after money.

One poor, benighted physician writes that he does not feel like associating with the doctors of his county in the society. Neither do the angels of Heaven feel like associating with the devil.

If every doctor should be presented with "Ten Talents" each, the "Whiners and Critisiers" would be the only fellows in

the number that would need a spade. Look out for the man who has his talent buried.

How about the social side of our county societies? Will you have a function of some kind? Don't forget the ladies. They too, are entitled to some of the pleasure that come to you from medical organization.

How many brother doctors have you helped to bear the burdens of life since the last issue of the Journal? Have you sweetened the life of any member of our beloved profession with a smile, or kind word? If so that day is not lost.

Did you refuse to read a paper when your secretary requested you to prepare one for a given meeting of your society? Did your preceptor, or professors refuse to instruct you when you requested them? "O consistency, thou art a jewel" (brick)

There are two classes of doctors that the better element of the profession have to put up with, really endure: The "Whiners" and the "Criticisers." Examine either, and you will find that they are "Soreheads," or disgrunteled because of some one's success.

There is something good in every doctor who pretends to be any part of a decent man. The trouble is, we do not try to locate a single iota of the better qualities of our professional brother for fear that we might help him along a bit.

There is a class of doctors who always reach a patient just in the "nick" of time to save life. If they had reached the bedside one minute later, it would have been too late. If such were called to see the devil, they would try to impress his satanic majesty's angels with their importance.

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THE YEAR'S PROSPECTS.

The fall work of the countless county and district medical societies all over the country is now just beginning. During the summer, the usual vacation time for the busy physician, many of the members have been away for needed rest and relaxation. Most of them have now returned and are ready to take up society work for the winter. To the live, active county society and to each of its members, the year promises to be one of unusual interest. Never before in the history of the medical profession in this country has the prospect for united, systematic and effective work been so promising. Never

has the profession been so thoroughly organized. Never before has there been so unanimous a spirit of enthusiasm. But, on the other hand, never before has there been so much to do as there is today. The up-to-date physician, as well as the modern county society, is not satisfied to have no interests except personal and selfish ones. The physician of today is interested in many other things beside his personal practice. If he is a good citizen, he wants to do what he can to improve the health of the community in which he lives, he wants to see better schools and better instruction in the schools, especially along the lines of physiology and hygiene. The education of the public for the purpose of saving them from their own ignorance should begin with the child in the public schools. No county medical society is doing its full duty or living up to its possibilities, unless the public schools of the country are giving instruction to the children that is of real value.

Neither is a county society doing its full duty so long as the people of any community are drinking polluted water. An epidemic of typhoid fever in a city ought to be considered a direct reflection upon either the intelligence or the citizenship of the physicians of that city. There is no excuse whatever for typhoid fever today. If the profession exerts the influence which it can easily command this disease will cease to appear in enlightened and intelligent communities.

No county society is doing its full duty if it has failed to enlighten the public regarding the evils and dangers of the nostrum business, or of the wiles and devices of the advertising quack and the traveling fakir. If the public are willing to trust their lives and their health in the hands of the members of our profession, they will certainly take our word for matters of smaller importance if we only make our statements positive enough to carry conviction and are persevering enough in repeating them.

As was emphasized last year in the initial number of this Bulletin, no organization can grow which is occupied solely with its own affairs. Experience has shown that no medical society will increase either in number or influence so long as its efforts are confined entirely to its own members. Only when it concerns itself about the public, which is dependent upon it for protection against disease and death, will it attain the degree of vitality and strength which should rightfully belong to it. The coming year offers greater

opportunities to the medical profession in the United States than any year in our history. It is to be hoped that the profession will show itself equal to the opportunities which it now has.—*Councilor's Bulletin A. M. A.*

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THE TRI-STATE MEDICAL SOCIETY CHANGES ITS NAME.

At the annual meeting of this society held at Chattanooga, Tenn., on October 2d-4th, the society was dissolved by its own action and a new organization was formed which will hereafter be known as the *Southern Medical Society*. The old organization embraced Tennessee, Alabama, and Georgia. To these States have been added Kentucky, Mississippi, Florida and Louisiana, and the intention is to embrace members of the profession in the other Southern States. The election of officers resulted as follows: President, Dr. H. H. Martin, Savannah; vice-president, Dr. Mack Rogers, Birmingham, Ala.; Dr. J. B. Cowan, Tulsa, Tenn., and Dr. J. R. Tackett, Meridian, Miss.; secretary, Dr. Raymond Wallace, Chattanooga; treasurer, Dr. Y. L. Abernathy, Chattanooga.

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THE HARVEY SOCIETY OF NEW YORK

Announces its second course of lectures. These are given at the Academy of Medicine building, 17 West Forty-third Street, on Saturday evenings at 8:30. The lectures are open to the public and all interested are cordially invited to attend. The program for the year is as follows: *October 20th*, Professor A. E. Wright, London, Therapeutic Inoculation with Bacterial Vaccines; *November 3rd*, Professor C. A. Herter, New York, The Common Bacterial Infections of the Digestive Tract and the Intoxications Arising from Them; *November 17th*, Professor W. T. Porter, Boston, Vasomotor Reflexes; *December 1st*, Professor J. G. Adami, Montreal, The Myelins and Potential Fluid Crystals of the Body; *December 15th*, Dr. S. J. Meetzer, New York, The Factors of Safety in Animal Structure and Animal Economy; *January 12th*, Professor F. G. Benedict, Middletown, Conn., Metabolism During Fasting; *January 26th*, Professor E. B. Wilson, New York, Recent Studies of Heredity; *February 9th*, Professor G. S. Huntington, New York, The Genetic Inter-

pretation of Variations in the Genito-urinary Tract; *February 23rd*, Professor W. T. Councilman, Boston, The Relation of Certain Leucocytes to Infectious Diseases; *March 9th*, Professor Friedrich Muller, Munich, Neuroses of the Heart.

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MEDICAL LICENSURE IN OKLAHOMA.

Twenty-two out of thirty-three applicants in Oklahoma passed at the recent examination of the territorial examination for a license. They were Drs. C. W. Copper, L. W. Mitchell, L. T. Green, S. W. MacFarland, M. W. Buchanan, M. W. Weir, J. H. Odell, B. F. Cantwell, F. M. Trout, Porter Norton, H. W. Smith, Daniel D. Roberts, F. M. Floyd, L. T. Osborn, J. L. Pattison, M. H. Heldman, W. L. Haywood, John W. Adams, J. W. Samuels, J. M. Kelar and S. H. Glach.

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A PHYSICIAN SENT TO THE PENITENTIARY.

Dr. A. S. Harrison, of Kennett, Mo., was convicted on September 13th, of a cruel assault and mutilation of a farmer, and was sentenced to five years in the penitentiary. The evidence appears to be circumstantial only. Dr. Harrison entirely denied all knowledge of the affair. He is one of the most prominent physicians in that section of the State.

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SENTENCED FOR CRIMINAL PRACTICE.

Dr. John L. D. Walker, Chattanooga, charged with illegal criminal practice, who was convicted by the lower court and the decision affirmed by the Supreme Court, is reported to have been sentenced to imprisonment for 11 months and 29 days in the workhouse. The prosecution was at the instance of the Hamilton County Medical Society.

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BRAIN SURGERY AND THE "WICKED SPOT."

Dr. H. Croskey Allen has published in a double page article in the *American-Journal Examiner* that Philadelphia's leading surgeons are now enabled to take the brains of wicked boys, cut out the wicked spot and make good loyal citizens of them. This is heralded as a new miracle in surgery; we think it is.

THE MEDICAL SOCIETY OF VIRGINIA.

At the annual meeting, held at Charlottesville, on October 9th-12th, the election of officers resulted as follows: President, Dr. Paul Brandon Barrenger, Charlottesville; vice-presidents, Dr. B. Brown Bagly, Brington; Dr. Frank Horace Hancock, Norfolk; Dr. Charles Frederick Rinker, Upperville; recording secretary, Dr. Landon B. Edwards, Richmond; corresponding secretary, Dr. John F. Winn, Richmond; treasurer, Dr. R. M. Slaughter, Theological Seminary; chairman executive committee, Dr. Paulus A. Irving, Richmond; chairman committee on nomination of applications for fellowship, Mr. William D. Turner, Shoalbay. The report on medical examiners' fees for life insurance companies and benevolent associations submitted by a committee appointed at the Norfolk meeting last year, was adopted. This report fixes the minimum fee at \$5 by members of the society where uranalysis is required, on policies of \$5,000 or less; a minimum fee of \$3 on all policies of \$3,000 or less, where this analysis is not required.

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NEW STATE JOURNALS.

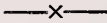
Since the last number of The Bulletin was issued three state societies have inaugurated the publication of official journals. The Bulletin of the Arkansas Medical Society, edited for several years past by the active and efficient secretary, Dr. C. C. Stephenson, of Little Rock, has been converted into a monthly journal, known as the "Journal of the Arkansas Medical Society." The West Virginia State Medical Association has also established an official journal which is being issued monthly and of which Dr. S. L. Jepson, of Wheeling, is the editor. The Iowa State Medical Society has adopted the Iowa Medical Journal, edited by Dr. E. E. Dorr, of Des Moines, as its official organ. These new journals are right welcome to the ranks of official medical publications. That they will be of vast assistance to the societies which publish them, as well as the profession at large in other states, there is no doubt.—The Councillors' Bulletin A. M. A.

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A LIVE COUNTY SOCIETY.

The September announcement of the Crawford County (Illinois) Medical Society contains the following pertinent paragraph: Let nothing interfere with your attendance

at this meeting. The man who does not attend the meeting of his county medical society should be classed with the quacks. If he is above the average he should give the society the benefit of his wisdom. If he is below he should go and learn. If you have a good idea, bring it with you. If you have a fallacy the sooner you get it knocked out of you the better for suffering humanity. The public would do better to inquire: "Do you attend the meetings of your County Medical Society?" than "Where did you graduate?"—*Councilor's Bulletin A. M. A.*



OUR STATE AND COUNTY SOCIETIES.

Physicians get together little enough, and do not really know one another except through the report of friends or patients. A closer contact between physicians would clear away much of the malicious gossip that passes as medical news. The country physician needs stimulating. He is too apt to rely on his practice and surroundings for his idea of the life of a physician. Unless he is willing and ready to meet his brother practitioners in a friendly spirit, and to exercise his mental faculties in medical and non-medical topics, he soon drops into a rut from which there is no escape.

Fortunately the organization of county and state medical societies gives now to all this frequent contact and many a discussion that brings out cause of later thought, investigation, and improved practice. If I were a patient, I would feel that my family physician was cheating me every time that he failed to attend a meeting of his county medical society.

In politics the physician does not often find a prominent place. He can not give the time and work and selfishness to politics that that queer and ungrateful mistress requires without becoming so changed towards his life's work that he is no longer of the physician type. Nevertheless every physician should take that interest in the making of laws and in the placing in office men who will make right laws and enforce them; which is due from him as a citizen of more than average intelligence to the people of lesser discernment, for he is not living for himself alone. His natural interest in mankind will make him especially active in regards to the making laws for the protection of the people from themselves. i. e., laws regulating the practice of the healing art by whatever means; laws relative to nostrums, impure and

adulterated foods, public health, child labor, etc.

In this the physician is bound to be misjudged and misrepresented as acting selfishly, his supposed jealousy of quacks, and patent medicines is a newspaper joke, and the lay mind can never seem to see the altruism in his attitude. This is the penalty that is always awarded unselfishness, that it should be misunderstood.

Fortunately, as a class physicians are broad enough to expect and minimize this condition, looking for reward in things accomplished rather than in appreciation or applause. In religion it is the physician who is the lay brother. "Work is worship," said the Monks of old, to the lay brothers who did the work, and so today if the physician is not active in religious affairs he is not neglectful; for to him religion is not a belief, but a life; worship, not prayer but work; and as a class he gives "a cup of cold water" to as many as any who consider religion a question of creed instead of one of living. The physician's life is, however, fraught with dangers less known to other professions. I do not speak of mere material dangers but of those which tend to affect the character and methods of the individual; the first and most common effect naturally following on the work of doing for others, is the laudable feeling that works down into the fiber of his character, that the great object in life is to practice medicine rather than to make money. This is a very praiseworthy feeling, but leads to very lax business methods. After all, how can a physician with the responsibility of a dozen or more very sick human being, on his mind even feel that letters should be answered at once, that books should be posted, that bills should be sent out? These seem secondary matters at first and as the years roll by the habit of procrastination puts a diabolical completeness on what was in the beginning but an angel's weakness. Write to a dozen physicians and see how many answer promptly. The older the slower. Inquire and see how few keep books posted up to the first of each month, and how very few send out their bills as promptly as they receive such missives.

This must be the natural result of their mode of life, but is nevertheless to be greatly regretted. However, there are more regrettable results. Not to all, but dangers to all, and results to far too great a percentage of practitioners, probably only to the weaker characters; sometimes rather to those most

hardly tried. At any rate a weeder-out of the less fit and an exemplification of the law of the survival of the fittest. I speak of unfortunate members of the profession who become addicted to the abuse of alcohol and drugs, especially the latter, as it is in the addiction to drugs that this profession exceeds those in other walks of life.

Though but a small percentage of physicians as a whole use morphia for instance, still the percentage is large enough because of the fact that about half of the patients in the sanitariums for the treatment of the habit are physicians. Why is this? Is it overwork, loss of sleep, exposure, etc?

Other people have all these to suffer also. What then can bring these dangers into the physicians life? In one word—it is isolation. Physicians as a class work alone, think alone, plan and execute alone; they are their own masters.

Now, it has been demonstrated during ages that no man is great enough, strong enough, broad enough, to deserve to be his own master. Every man needs a "master" and the physician has no "master."

It is true that public good opinion and success should stimulate one to his best efforts. But public good opinion and success are mistresses, not masters. They can be cajoled, they make allowances, they are not judging always as much with their heads as with their hearts. Then a physician cannot lose his "job," at least not all at once. There will always be some to stick to him, however unworthy. And so, with the responsibility of health, and even life, to many on his hands he is responsible practically to no one. He needs a "Master." Everybody does. Unfortunately there is no way to give him one. An approach to such, in effect is found in his county or state medical society whose members give sympathy and keeps him keyed up to the desire to be true to the best there is in him.

To my mind a great advantage is gained by membership in state and county medical societies, for the physician is in fact no longer working for himself, but also for his profession. It is a very poor specimen of manhood who will not try harder to be true to a duty to another than to his duty to himself. As a rule, the physician is true to himself and all that is best in him. Many of us might do more if we felt directly responsible to some superior officer; the public is such an intangible master, but the majority accept duty as master and try, without think-

ing of it, but naturally, to live up to the highest ideal of those great in the profession.

Let us always remember with pride that we are members of the greatest, grandest, and last order of practical knighthood and that nobility obligates.

D. O. HOLMES.

Mena, Ark.

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CLEAN UP AND CLEAN OUT.

"He that is without sin among you, let him first cast a stone."

A recent number of a prominent State medical journal reached our office containing a full-page advertisement of Fellow's Hypophosphites; one-half page Antikamnia Chemical Company; one page ad. of Scott's Emulsion of Cod Liver Oil; one-half page of Ayer's Cherry Pectoral; a full page advertisement of the "Family Laxative," California Fig Syrup; one-half page ad of Hydrozone, and numerous advertisements of other nostrums, not so widely exploited in the newspapers.

We have selected these few nostrums whose advertisements one will see in numbers of the newspapers throughout our land, but there are others occupying the pages of this journal that are equally as nauseating to the medical profession. Just why a State medical journal will run advertisements of such notorious compounds as these, and why the publication committee will allow the insertion of advertisements such as these, is a matter that the medical profession of that State should look into, and set the stamp of its disapproval upon at the earliest possible moment. But the profession of the State referred to seems to have gone to sleep, and the publication committee is after funds to help pay the freight. One of two things is certain: These advertisers are helping to pay the expense of publishing this journal, and have the profession hoodwinked into the idea of believing that their money is essential to the life of the publication; or the members of the medical profession care very little about their State journal.

Gentlemen, it is time to clean up and clean out. The sooner the medical profession realizes that advertisements of such nostrums should not grace the pages of our medical journals the better it will be for all of us. It is a disgrace to any State medical journal to carry such nostrum advertisements. This may be expressed a little bit tersely and in

no uncertain terms; but milder language will not fit the case. Let other journals do as they may and carry such advertisements as their management sees fit; but a State journal should have a sufficient amount of dignity to preclude the idea of even countenancing the insertion of advertisements exploiting such nostrums. We have heard so much lately of "the Great American Fraud," and we have chuckled in our sleeve at the dismay of the nostrum manufacturers; we have read with delight how Mr. Adams and Mr. Bok have routed the enemy in their own camp, and now shall the mouthpieces of our State organizations exploit these very same nostrums that these gentlemen have worked so hard to uproot and expose?

There is one thing certain, we may be trampling on tender toes; but we feel confident we have no beam in one eye nor mote in the other along this line. Positively and emphatically, while the present managers of the Journal of the Arkansas Medical Society has anything to do with the acceptance of advertisements, no such nostrums will ever (dis)grace its pages. We feel as though we were in a position to howl and jab the other fellow in the short ribs; but in all seriousness, we feel like the time has arrived to clean up and clean out. For the sake of decent medical journalism, cancel such advertising. Let the profession of the United States see that your State journal can be run without the aid and assistance of such firms. For the benefit of the State medical journals—and for that matter, any others which carry these advertisements—we respectfully refer them to a letter written to the Journal of the Arkansas Medical Society, asking for space for the exploitation of Scott's Emulsion of Cod Liver Oil. This letter is published on page 210, October issue, with our reply.

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LIFE INSURANCE FEES.

The profession has good cause to be dissatisfied with the action of the old-line insurance companies in cutting the fees of the local examiners. In all of the exposures of the corruption in life insurance circles, no breath of scandal has touched the medical department, yet the general officers have, in what appears to be a dust-throwing stunt, taken great credit to themselves by voluntarily reducing their own salaries twenty per cent. and have tried to make a record of

economy by a cut of forty per cent. in medical examination fees.

The American Medical Association, state and county societies have recorded protests against this injunction, and concerted action may correct the abuse. Reform should begin in our own ranks. The physician who does cheap examinations, singly and in droves for lodges, associations and cheap companies, belittles himself and his profession. The fees received for this class of work are, without any doubt, in full proportion to the service rendered, but its tendency is to make the life insurance business a farce. A thorough medical examination to exclude unsafe risks is one of the most important safe-guards of the company and its policy holders. An examiner has no moral right to slight an examination or accept less than a fair fee for his services.

Lodges and so-called hospital association practice is but a scheme to fleece the doctor, sell his services at a figure below the point at which a professional man can live and continue his education and (out of the doctor's earnings) pay salaries to association officers. This scheme merits the condemnation it is receiving from medical associations. This does not apply to contracts with corporations where a physician is reasonably paid for his services and no agency reaps the fruits of his toil.—Extract from address of President Libby before Washington State Medical Society, Northwest Med.

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INSPECTS HOSPITAL AT HOT SPRINGS.

Brig. Gen. W. S. McCaskey, of San Antonio, Texas, in charge of the southwestern division and the department of Texas of the United States Army, has returned to Little Rock from Hot Springs, where he inspected the Army and Navy hospital. He was in the city but a short time, leaving for Oklahoma with his chief of staff, Lieut. Col. R. R. Stevens, to inspect Forts Reno and Sill before returning to Texas.

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STONE HOSPITAL BOARD ELECTED.

Fayetteville, Oct. 16.—The trustees of the Stone Hospital have organized and elected officers, as follows: Dr. W. B. Welch, president; B. R. Davidson, vice president; Bruce Holcombe, secretary and John R. Harris, treasurer. A committee on ways and means was also appointed, consisting of Dr. Welch, Moses Baum and A. M. Byrnes.

A VISITOR FROM SWITZERLAND.

Dr. George W. Jacoby writes that early in November Dr. H. S. Frenkel, of Heiden, Switzerland, who has gained an extended reputation for his special work in the treatment of locomotor ataxia, will visit New York and will endeavor to prove by demonstrations, how much can be accomplished in severe cases of the disease by his treatment. Dr. Frenkel will remain several months in this country and has promised that during his stay he will read papers before the New York Neurological Society, the Medical Society of the County of New York and the German Medical Society.

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THE DISCOVERER OF THE FIRST ANILINE COLOR.

The fiftieth anniversary of the discovery of the first aniline color by Sir William Henry Perkin, an English chemist, was celebrated by an international gathering held in London during the summer. The anniversary has been celebrated in America by a series of entertainments to Sir William Henry Perkin, who is visiting the United States with his family in response to the invitation of American chemists. The first of the celebrations took the form of a banquet given at Delmonico's on Saturday evening, October 6th, some four hundred chemists and teachers being present, including the presidents of Columbia University, Johns Hopkins University, the College of the City of New York, Stephens Institute, Massachusetts.

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A CORRECTION.

Page 199, October Journal, the Medical Association of the Southwest was given a notice of a meeting at Monte Ne, Ark., on September 12 and 13, under the presidency of J. T. Clegg, of Siloam Springs. It was stated that this organization, comprised the States of Arkansas, Louisiana, Texas, Oklahoma and Missouri.

We regret exceedingly that this error crept into the Journal. The notice of the Medical Association of the Southwest, held in Oklahoma City, and the newspaper clipping, making mention of a meeting composed of some of the counties in the Northwest, at Monte Ne, in some way got mixed in the composing room. This is the only explanation

that we can offer. We trust that the evident inaccuracy did not deter any one from attending the meeting at Oklahoma City.

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TO COUNTY SECRETARIES.

An opinion has been given by a Councilor that all dues of newly elected members must be paid for the entire year; it matters not when they apply for membership, whether the first month, or the last of the fiscal year, the \$2.00 state dues must be paid the same.

There seems to be a prevailing idea that members do not have any state dues until the annual report is made, and then collect the dues for the state society, and remit with report. This would give such member his membership free in the state society, up to the time of making the annual report, and at the same time would render such eligible for membership in the A. M. A. without the state receiving a penny for such membership. Kindly bear in mind, that acting on this ruling, \$2.00 must accompany all report cards, reporting the election of newly elected members as state dues, before such member will be placed on the roster of state members, and reported as eligible for membership in the A. M. A., and placed on mailing list for the Journal. These report cards should be made out and forwarded to the state secretary as soon as a member is elected to membership by his county society, accompanied by \$2.00 state dues. This same newly elected member will be due \$2.00 again for dues which must be collected) at time of making annual report.

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CANADIAN SOCIETIES OPPOSE LOW INSURANCE FEES.

The *Bulletin Medicale de Quebec* for September contains reports of several county society meetings in which the question of life-insurance fees was taken up. The Arthabaska society postponed the discussion until greater harmony on the subject prevailed, but the Portneuf society adopted a resolution fixing the minimum rate for a life-insurance examination at \$5 and for a lodge at \$2. The societies at Joliette, Beauce and Chicoutimi have taken similar action, and several members of the Joliette society reported that the insurance companies had paid the fee without protest.

PERSONAL MENTION.

Dr. Henry M. Hurd, professor of psychiatry in the Johns Hopkins Medical School, and secretary of the new Johns Hopkins Hospital, has been given a year's leave of absence and will spend it in travel in Europe, leaving about November 15. His place will be taken by Dr. Rubert Norton, formerly house physician in the hospital.—Dr. G. H. Whipple has been appointed assistant pathologist at the Johns Hopkins Hospital, vice Dr. C. H. Bunting, resigned to accept the the position of professor of pathology at the University of Virginia.—Dr. J. Whitridge Williams has been made director of the dispensary with Dr. Thomas McCrae as assistant.—Dr. Pearce Kintzing has returned from abroad.—Dr. Joseph C. Hemmeter returned from abroad October 11, after an absence of five months.

Dr. T. L. Hodges, for the past year representing in Arkansas the firm of John T. Milliken & Co., of St. Louis, has resigned his position effective November 1, and will locate at Gleason, Ark., five miles from Conway, where he has accepted a position as surgeon for the Freeman Lumber Company. The Secretary urged him to unite with the Faulkner County Medical Society as soon as practicable. He promised to place his membership the first meeting. We wish the Doctor success.

Drs. E. Meek and J. P. Runyan of Little Rock, Leonard R. Ellis Hot Springs and H. H. Neihuss of Wesson left for Oklahoma City, on October 29, to attend the newly organized Medical Association of the Southwest, which met there October 29, 30, and 31. Other gentlemen may have attended, but we failed to get their names.

Dr. T. J. Robinson has removed to Red Leaf, and requests his Journal to be forwarded to that place. The postoffice authorities have returned his mail bearing stamp "No such postoffice in the State." We would be glad to have the Doctor give his correct address.

Dr. J. F. Brown of Enola has removed to Conway and Dr. I. N. McCollum of Greenbrier has also removed to Conway. These gentlemen have formed a partnership for the practice of medicine in their new home. Success to you both.

Dr. A. W. Brown of Monticello was in Little Rock October 18, on his way to Ft.

Smith, to attend the meeting of the Shrine at that place and incidentally watch the boys "hold the rope" and assist them in "crossing the hot sands."

Drs. L. P. Gibson, E. R. Dibrell and Morgan Smith, of this city, have been attending the Pulaski Circuit Court as a witness in the Dr. C. M. Taylor case. Dr. Taylor's will is being contested. The estate is quite valuable.

Dr. W. R. Bathhurst, of Prescott, who has been in Europe for the past year studying dermatology, has located in Little Rock, and will devote his entire time to the specialty of dermatology. Welcome, brother.

Dr. C. W. Dixon, the efficient Secretary of the Jefferson County Medical Society, has resigned and removed to Douglas, Ark., while Dr. J. S. Jenkins is filling out the unexpired term.

Dr. J. M. Jelks, of Searcy, Councilor for the Second District, called on the Secretary October 18. The Doctor was enthusiastic about the organization of the second Councilor District.

Dr. E. D. Jones, of Russellville, has sold out and removed to Los Angeles. The doctor has bought a half interest in a practice there and is now taking a post course in one of the Los Angeles schools.

Dr. W. R. Bathurst, who has been in Europe for the past year making a study of dermatology, has located in Little Rock, and will make dermatology his specialty. Welcome, brother.

Dr. O. C. Struthers, of Stuttgart, has bought a farm near Bayou Meto (Sunshine P. O.) and has removed there where he will continue in the practice of medicine.

The address of Dr. Ollie Oberholzer will be 39-1 Free School Street, Calcutta, India. She expects to reach her new post ready for duty by the first of December.

Dr. J. E. Sparks of Crossett has been appointed local surgeon for the Rock Island System and the Mississippi River, Hamburg and Western Railway.

Dr. Geo. S. Brown and Dr. J. F. Brown, of Conway, stopped in the city on their return from the meeting of the M. V. M. A. at Hot Springs.

Dr. W. E. Hoffman of Stuttgart, who has been in St. Vincent's Infirmary with typhoid fever for the past two months, has fully recovered and resumed his practice.

Dr. G. D. Huddleston, of Lamar, called to see the secretary on the 6th. He talked interestingly of county society in Johnson county.

Dr. Curran Pope, of Louisville, Ky., has been in the city on legal business connected with the Dr. C. M. Taylor estate.

Dr. W. H. Morehead of Stuttgart has threshed out a fine yield of rice from his experimental crop planted this year.

Dr. G. A. Herbert, of Hot Springs, is now the First Vice President of the M. V. M. A. An honor worthily bestowed.

Dr. William Thompson of Little Rock has gone to San Antonio, Texas, where he will spend the winter.

Dr. S. U. King visited Mrs. W. T. Edmonds, his sister-in-law, at DeVall's Bluff since our last issue.

Dr. A. E. Hill, of Ellsberry, Mo., passed through Little Rock a few days ago, on his way to Hot Springs.

Dr. Geo. S. Brown, wife and son, Master George, of Conway, called on the Secretary October 19.

Dr. C. A. Smith, chief surgeon of the Cotton Belt, Texarkana, has been visiting Pine Bluff.

Dr. D. H. Edwards, of El Paso, has bought a drug store, and will embark in the drug business.

Dr. J. B. Shemwell, 52 years of age, died at his home near Pocahontas October 23.

Dr. F. T. Murphy, of Brinkley, visited Little Rock on business on the 8th.

Dr. James Parker of DeVall's Bluff was a visitor since our last issue.

Dr. Frank Gordon and wife of Morrilton visited Little Rock, Oct. 24.

Dr. J. W. Nichols Grand Lake visited the Secretary on October 2.

Dr. A. R. Porter, of Memphis, has been visiting in Stuttgart.

PHYSICIAN SHOT.

Dr. Fred Kolthoff, of Covington, Ky., was shot on October 14, by Mrs. Addie Mahaffy, arising out of some imagined grievance regarding his professional treatment of her case. Dr. Kolthoff is not expected to live.

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DR. FLIPPIN.

Dr. Flippin, a well-known negro physician of Pine Bluff, was shot and seriously wounded by Jim Havis, another negro.

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L. B. MITCHELL DEAD.

Was Commander of Pat Cleburne Camp, U. C. V., of Brinkley.

L. B. Mitchell, an old and highly-respected physician of Brinkley, died November 7. He lived several years in Austin, Ark. He was at the time of his death commander of Pat Cleburne Camp No. 537, U. C. V. He leaves many relatives to mourn his death. He was buried with Masonic honors.

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FORMER LEGISLATOR DEAD.

Dr. R. D. Owens, one of the oldest citizens of Howard county, died October 17th, at his residence two miles south of Centre Point, Ark., and was buried in the cemetery at County Line church with Masonic honors. Dr. Owens came to the county from South Carolina in 1853 and settled and practiced medicine for several years. He retired from icine for several years. He retired from practice some years ago and lived quietly on his farm. He was a consistent member of the Missionary Baptist Church and was universally esteemed as a good man. He represented Howard county in the legislature on 1881 and was 81 years of age at the time of his death. A large family and numerous relatives and friends mourn his death.

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DR. FLOWER DEAD.

His Death Recalls His Son's Romantic Marriage and Some Law Suits.

Dr. James Oliver Flower, of Pittsburg, Pa., 64 years old, a prominent dentist and widely known in the East and West, died November 8 of tuberculosis after an illness of four years. He was the father of Dr.

W. S. Flower, who several years ago eloped with a daughter of Charles Lockhart, the Standard Oil magnate, who disinherited her. When Mr. Lockhart died a fortune estimated at \$100,000,000 was divided among five children, but Mrs. Flower was given but a life interest in \$300,000. Dr. James Flower started proceedings for his daughter-in-law to break the will, but the matter was settled out of court, the woman getting \$1,500,000. Recently Dr. James Fowler entered suit against the Lockhart estate for \$30,000 for professional services, and this litigation is still pending.

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MISS HARRIET A. VALENTINE.

Miss Harriet A. Valentine, aged 26 years, one of the most popular nurses at the Logan Roots hospital, is dead from appendicitis. An operation had been performed and it was thought she would recover but complications set in and death resulted. Until four years ago she resided at Cabot with her mother. Her father has been dead a number of years. Miss Valentine came to Little Rock in 1902 and lived with a friend, Mrs. H. Y. Gunn, 2411 Louisiana Street, until a little more than two years ago, when she became connected with the city hospital. She had suffered from appendicitis at four different times and after she was graduated as trained nurse, on October 10th, she was seized with another attack. Conscious when dying, she disposed of all her effects and requested that her relatives at Cabot be notified, in order that they might attend her funeral, which she asked to be conducted from the hospital, and that she be buried in Oakland cemetery. Her wishes were complied with. Mr. and Mrs. H. G. Cease, her brother-in-law and sister of Cabot, and the other relatives were present, except her mother, who was too infirm to make the trip. The services were conducted by John S. Edenburn.

The pall-bearers were Drs. William Goodwin, O. K. Judd, T. H. Cates, M. D. Ogden, William Garner and A. K. Wayman. All were associated with Miss Valentine in her capacity as nurse.

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DR. J. R. LYNN.

We are pleased to learn that Dr. J. R. Lynn of Hazen has been appointed a member of the Board of U. S. Pension Examining Surgeons in place of Dr. W. F. Williams, deceased.

MARRIAGES.

Dr. J. B. Buford and Miss Pearl Rhynn were married at the home of the bride's parents at Ben Lomond, October 7.

Dr. Frederick Arthur Houx and Miss Claude Morris were married at Rogers October 31.

Dr. Thomas E. Moore and Miss Gertrude Kinnin were married at Marianna October 30.

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RIDER CASE REVERSED.

The Circuit Court of Appeals at St. Paul has reversed the United States Circuit Court in Little Rock in its decision in the matter of Thomas B. Rider, a practicing physician at Hot Springs, in which Rider was fined \$100 for prescribing baths at Hot Springs without registering as a physician. An order has been sent that the judgment of the court be reversed and the case be discharged.

Rider was arrested about one year ago on charges preferred by the United States Reservation Commissioner at Hot Springs that he disobeyed the orders of the commissioner in prescribing baths without registering. He failed to register but continued to prescribe baths in violation of the orders of the commissioner. In the trial, he contended that the United States District Court had no jurisdiction, but Judge Triebler ruled otherwise, and entered a fine of \$100. He appealed to the United States Court of Appeals and won his case.

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DEGREE OF LL D. CONFERRED.

The president of the American Medical Association was treated as a distinguished guest and received the degree of LL.D. from the University of Toronto. "Our association," said President Mayo, "is modelled largely after the British, and we hold it in high respect for what it has accomplished."

The nostrum evil was given a keen thrust in the president's inaugural address. In subsequent discussions the power and prestige of the British Medical Association was invoked by influential members in efforts to stamp out the patent medicine trade through education of the masses and drastic legislation, as successfully inaugurated in the States.

WHO SHE WAS.

"A Sketch of the Life of Lydia E. Pinkham."

The above is the heading of an advertisement of this notorious nostrum as it appears in the newspapers of the United States.

Surely, never was a nostrum more widely advertised than Lydia E. Pinkham's Vegetable Compound; and, strange to say, through these advertisements large returns have been yielded to the company that puts up this fraud. The object of this notice is to call attention to the manner in which their advertisement is carried now, and the style affected before Mr. Bok dug up the rottenness and corruption of this concern.

They now have their advertisement headed, "Who She Was." If you will take the trouble to look up their advertisement as printed June 27, 1905, you will find it reads this way:

"It was for this reason that years ago Mrs. Pinkham, at Lynn, Mass., determined to step in and help her sex, having had considerable experience, etc. No physician has had such training or has had such amount of information at hand to assist in treating all kinds of female ills. It is therefore reasonable that Mrs. Pinkham, in her laboratory, is able to do more for ailing women of America, than the family physician," etc.

They speak as though Mrs. Pinkham were living at this time. In a pine grove in the Lynn, Mass., cemetery, her tomb may be found bearing this inscription:

* * * * *
 *
 * MRS. LYDIA E. PINKHAM, *
 *
 * DIED MAY 17, 1883. *
 *
 * * * * *

or just twenty-three years before this advertisement appeared. Instead of saying then, "Who She Was," they make it appear that she is living at that time, dispensing in her laboratory. Now, since Mr. Bok has shown where and how this glaring fraud is perpetrated, they have changed their tactics, and say "Who She Was." Verily, verily, how the worm wiggles when the fire is applied.

But when the truth of the matter is known and appreciated and all the flings and criticisms are met, which emanate, primarily, in the interests of those who fill the advertising pages of such journals, the journal that has cleaned up and cleaned out, will come

through above reproach. This class of journals, almost to a unit, endorses the American Medical Association and its management in toto, the only difference being perhaps in the minor details, and even then full credit is given for the results attained.

Let those criticising journals that have so much to say about mismanagement, come out from under cover and say if they are running their advertising pages for the benefit of the American Medical Association, for the benefit of the Proprietary Association, or for the benefit of the journalist's pockets.

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THE INCREASE OF MEMBERSHIP IN MISSOURI.

The State of Missouri, in co-operation with the American Medical Association, has undertaken a personal canvass of every doctor in the State, with the assistance of six paid solicitors. These have so far worked twenty-four days each, and have completed the work in six counties and partially covered as many more. In these six counties the county and State Association membership was increased 107 per cent in three weeks. In the 115 counties of Missouri, there are prospects for an addition of 1,500 members, doubling the membership of the State Association. The Board of Councilors for the State of Texas is considering a similar plan of work in this State, which promises to greatly increase the membership, and to extend the influence of the Association and its Journal.—Texas Journal of State Medicine.

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A VALUABLE GIFT TO ST. LUKE'S HOSPITAL, CHICAGO.

By deeds which have just gone to record, James Henry Smith, of New York, has transferred to St. Luke's Hospital the equivalent of \$150,000 in property. The original gift to the hospital was \$350,000 in cash and \$150,000 in realty. With this \$500,000 an addition is being built to the hospital. The property just transferred consists of the northeast corner of Calumet Avenue and Twentieth Street, west front, 26.5 feet, the southeast corner of Calumet Avenue and Twentieth Street, 373.25 feet; and the northeast corner of Desplaines and Washington streets, 75 7-3 x 150 feet. The transfer was in the form of a quit-claim to the Northern Trust Company. The deeds were dated March 19th.

DR. SIMMONS AND THE AMERICAN MEDICAL ASSOCIATION.

It has been demonstrated beyond any doubt that through the executive ability and tact of Dr. Geo. H. Simmons, the American Medical Association has largely increased in membership and been put upon a magnificent foundation; that the Journal of the American Medical Association is wielding an influence as far-reaching as any other journal in the world, perhaps. The Journal is the most influential periodical now published. It is a fact that no man succeeds in any undertaking, without having a horde of critics in his wake; and he who would make the loudest noise and whose voice is heard above the strife may expect to have a pack of dogs barking at his heels.

Just why it is that a physician should criticise the A. M. A. and its management when it is doing so much for the medical profession, and why the howl is kept up about "mismanagement," "star chamber proceedings," "financial matters being kept under cover," etc., when it is a known fact that the trustees of the Journal and Dr. Simmons have invited the very closest scrutiny, is something astounding. The men who constitute the Board of Trustees are high-minded and capable business gentlemen. Dr. Simmons has demonstrated beyond any doubt his ability to manage the affairs of the Journal; he has demonstrated his ability to act as Secretary. There is no fight being made on anything that merits the support of the medical profession. The fight is made on the nostrum business more than anything else. There is no fight being waged on the gentlemen who own and control journals whose advertisements are of unobjectionable character. The fight is being made on the management of those journals, not upon men. It is made upon the methods that are being employed, and not upon the editor or business manager as a man. It is a fact that some of the journals have bitterly attacked the American Medical Association and its management and even Dr. Simmons, personally. Dr. Simmons has absolutely refrained from noticing all of the unkind things that have been said about him. It was a necessity for him to speak out against the Medical Record, because it represents an influence that is far-reaching, and had seen fit to let the better part of wisdom give away to prejudice.

While all the State journals have not agreed with Dr. Simmons, yet it is a fact, and one that cannot be doubted or controverted, that Dr. Simmons is the right man in the right place. All this howling that is being made by the critics of the Journal comes from those who evidently have an axe to grind. It is very easy to read between the lines; and this is said without casting any reflection on the individual or stigmatizing the owner or manager of any journal as a man.

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A COUNTY SOCIETY JOURNAL.

The Wyandotte County, Kansas, Medical Society is publishing an official organ in the form of a quarterly medical magazine known as the "*Wyandotte County Medical Journal*." Dr. Jas. W. May, of Kansas City, is the editor. There are several other county society journals in the United States, but their number is decidedly limited. The Ramsey County, Minnesota, Medical Society has published, for several years, a most excellent journal. The Medical Society of Kings County, New York, also publishes a journal. Several of the larger societies, notably the Chicago Medical Society, the Philadelphia County Medical Society, the Wayne County, Michigan, Medical Society, the Franklin County, Pennsylvania, Medical Society, publish either a weekly or a monthly bulletin. It is gratifying to note that this is on the increase and that more of our county societies each year are finding that some means of regular communication between its members is becoming necessary.—The Councillors' Bulletin A. M. A.

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THE FRENCH SCALE.

At a meeting of the American Surgical Trade Association held in Philadelphia, June, 1906, it was resolved that after January 1, 1907, the trade adopt the French scale for all catheters, bougies, and sounds. A committee was appointed for the purpose of getting up a proper and accurate French scale card, and the same will be mailed to you. Every physician will see the importance of this step as you are all acquainted with the annoyance of having catheters, bougies and sounds, and other instruments marked in American, English or French numbers. You are requested from above date to use only the French scale in ordering such goods and when no scale is furnished orders will be filled by the French scale.

A LAW TO BE ENACTED.

How would such a law as this suit the medical profession?

Be it enacted by the general assembly of the State of Arkansas that all persons practicing medicine in this State, under sixty years of age, who are not graduates of some reputable college, are hereby required to enter some medical college within one year from this date, and continue to attend not less than four months in each year until they become graduates, under penalty of forfeiture of license; also, all persons who may be licensed by the State Board hereafter be required to enter college within one year from the time they are licensed and to continue attending not less than four months in each year until they are graduates under penalty of forfeiture of license.

The writer also adds: "I can see nothing wrong in such a law, because it would work no hardship on those who wished to do right; for I believe all who wish to do right will continue to attend college until they are graduates. It is true that we have a few undergraduates who are good doctors; but that is not the rule. In most instances, they are good mixers, which makes up for and over-balances their deficiencies in medicine.

I am personally acquainted with three good mixers who have good practices who never read medicine, nor attended college more than three months all told; and, furthermore, never intend to attend college any more.

These men are as much in competition with their neighbor doctors as they would be if they were really doctors. Now I do not think this is right. Furthermore the public needs protection against those expert mixers.

Some might argue that they cannot spare the time. Well, I will say those poor fellows may need a little rest and that would be a fine outing for them and I have an idea their patrons would be helped no little when they returned.

A DOCTOR.

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NEW SANATARIUM.

Drs. J. McChesney Hogshead and Darius N. Barrett, Chattanooga, have opened a sanitarium at that place, devoted especially to diseases of the eye, ear, nose and throat.

TENNESSEE SECRETARY'S ANNUAL REPORT.

In Dr. T. J. Happel's annual report to the State Board of Medical Examiners, he recommends some rules for conducting examinations, which will doubtless be of interest to all examining boards. We abstract these rules briefly as follows:

1. There should be a watcher or floor walker at every examination.

2. The examiners should be in the room constantly and free from other work than that of conducting the examination.

3. Time allowances should be strictly followed.

4. No applicant should be allowed to leave the room until he has completed his examination and handed in his paper and then not be allowed to return.

5. Applicants should be seated as few as possible at each table, and no one be allowed to leave his seat during the examination.

6. Give only one set of questions to any one applicant.

7. Questions for each subject should be in separate sealed packages to be opened in the examining room, and then only as needed.

8. No new set of questions should be given out to any applicant until all applicants have handed in the preceding set.

9. No students or other parties not connected with the examination should be allowed in the room.

The report favors the arrangement made by some states where a board of preliminary examiners must pass on the entrance credentials of prospective college students, and also recommends an amendment to the medical laws requiring graduation from a medical college having four years of seven months each, as a requirement for license, in addition to the passing of an examination. The report also calls attention to the lack of graded courses of lectures in some medical colleges, the same lectures being delivered to all classes alike. It is urged that this should never be, since first-course students can not understand medical teachings adapted to the fourth-year classes. Students should always be required to be in actual attendance at the school from the time of its opening.

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DR. O'REILLEY.

President Roosevelt has reappointed the present efficient Surgeon-General, Dr. O'Reilly, for another term of four years.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The thirty-second annual session of the Mississippi Valley Medical Association adjourned at 1:30 o'clock on the 8th, to meet next year in Columbus, Ohio. Louisville, Ky., offered strong inducements for the Association to meet there, but the supporters of that city were in the minority.

In the election of officers Hot Springs was honored by the election of Dr. G. A. Herbert as vice president. The complete roster of officers for the ensuing year is as follows:

President, H. Horace Grant of Louisville.

First Vice President, G. A. Herbert of Hot Springs.

Second Vice President, T. C. Witherspoon of St. Louis.

Secretary, Henry E. Tuley of Louisville, re-elected.

Treasurer, S. C. Stanton of Chicago, re-elected.

The morning session, which was held in the Eastman hotel, was perhaps the most interesting of all. A number of valuable papers on matters of importance to the medical and surgical profession were read, and ordered printed in the report of the proceedings. Dr. Quitman Kohnke delivered an interesting and instructive lecture on the mosquito theory of yellow fever, illustrating his remarks with stereopticon views. Dr. Kohnke is a recognized authority on yellow fever, having been health officer of New Orleans during various epidemics of the dread disease. He unequivocally declared that the mosquito is the only agency which is to be reckoned with in the spread of yellow fever and supported his assertion with what appeared to be incontrovertible proof.

Dr. Wells of the Skin and Cancer Hospital of St. Louis spoke at length upon the subject of cancer and skin diseases and the results which he had accomplished in treating them by applications of the X-Ray. He pointed out, much to the edification of the delegates, the particular cases in which the X-Rays are ineffective and those in which cures may be reasonably expected. He showed by means of lantern slides a large number of cases in which wonderful results had been obtained. He gave it as his opinion that the X-Ray was a great curative agency in superficial affections, but in those only.

The Association adopted a resolution commending the action of the different medical

societies throughout the country in taking the stand that examiners for life insurance companies should receive a fee of at least \$5 for every applicant examined.

Most of the members of the Association departed in the afternoon for their respective homes. All expressed themselves as being highly pleased with the hospitality which had been extended them.

There was no business session of the Association Wednesday night, the members devoting the evening to attending the various receptions and social diversions prepared for their entertainment.

Dr. and Mrs. W. T. Wootton entertained at their home at 119 Park avenue. In the receiving line were: Dr. and Mrs. J. H. Carstens, Dr. and Mrs. Henry E. Tuley, Dr. and Mrs. A. U. Williams, Dr. and Mrs. William V. Laws, and Dr. Thomas E. Holland. Dainty refreshments was served and a pleasant half hour was spent by the visitors. Dr. and Mrs. Wootton are splendid entertainers and the guests departed thoroughly imbued with a keen appreciation of old southern hospitality.

Dr. and Mrs. S. P. Collings received at their home at 805 Park avenue later in the evening. There were present, among others, the following: Dr. and Mrs. J. H. Carstens, Dr. and Mrs. W. N. Wishard and Dr. S. C. Stanton. Music, refreshments and an elegant luncheon contributed to the spirit of the occasion and the guests were delighted with the cordial manner in which they were received.

The final function of the evening was an informal smoker held in the Chut Muck room of the Arlington hotel by the members of the medical profession of Hot Springs. Dr. C. H. Hughes of St. Louis presided as toastmaster. Many were the toasts responded to, but even a newspaperman with all his supposed temerity would not undertake to translate the toasts, embellished with technical terms not yet simplified by Mr. Roosevelt, into language intelligible to the general public. Suffice it to say that the doctors assembled demonstrated that the lawyers and the pulpit orators are not the only people who are masters of the art of eloquence, nor the only ones who excel in wit and repartee. Among those who responded to the toasts were: Dr. J. H. Carstens of Detroit, Dr. S. C. Stanton of Chicago, Dr. Thomas H. Stucky of Louisville, Dr. J. C. Chenault of Little Rock, Dr. Kenneth W. Milcan, editor

Lexington.—A Further Report upon the Operative Treatment of Spina Bifida and Congenital Cerebral Protrusions, with the Histories of Four Cases, by Dr. E. D. Fenner, of the Weekly Medical Review of St. Louis; Dr. Hugh T. Patrick of Chicago, Dr. C. Travis Drennen of Hot Springs and Dr. E. H. Eastman.

Although the doctors advise the public not to keep late hours, they explained their long social session that night by declaring that it was conducive to the best of spirits to be up early—in the morning.

PROGRAMME.

Masked Typhoid Fever, by Dr. E. H. Miller, of Liberty, Mo.—Typhoid Fever, with Treatment, by Dr. Willis Valley, of Richton, Miss.—Typhoid Fever, by Dr. I. H. C. Cook, of Hattiesburg, Miss.—Metabolic Aspects of Overfeeding and Underfeeding, by Dr. Ralph W. Webster, of Chicago.—An Aztec Representation of Leprosy, by Dr. Ohmann Dumesnil, of St. Louis.—The Restoration of Carbohydrate Equilibrium in Diabetes, by Dr. J. T. Halsey, of New Orleans, La.—Some Clinical Observations in Tuberculosis, by Dr. Wm. Porter, of St. Louis.—Tuberculosis, its Prevention and Treatment as viewed by the Medical Profession and the Laity—A Special Study, by Dr. H. M. Beaver, of Ochiltree, Kan.—Specific Treatment of Pulmonary Tuberculosis, by Dr. E. G. Epler, of Fort Smith, Ark.—Eye Findings in Arteriosclerosis, Dr. Geo. F. Suker, of Chicago.—Some Suggestions of Importance to Organized Medicine, by Dr. J. B. Bolton, of Eureka Springs, Ark.—Modern Medicine, by Dr. C. N. Harrison, of Little Rock, Ark.—Some Diagnostic and Therapeutic Considerations in Syphilis of the Nervous System, by Dr. W. W. Graves, of St. Louis.—Migraine, by Dr. C. S. Chamberlin, of Cincinnati.—Remarks on Combined Degeneration of the Spinal Cord, by Dr. Hugh T. Patrick, of Chicago.—Hysteria, with a report of case of Hysteria Major in a Woman sixty-four years of age, by Dr. S. T. Rucker, of Memphis, Tenn.—The Treatment of Raynaud's Disease, by Dr. G. W. McCaskey, of Ft. Wayne, Ind.—Pathology of Idiopathic Epilepsy, by Dr. John W. Selman, of Greenfield, Ind.—Epilepsy, by Dr.

Marc Ray Hughes, of St. Louis.—Are the Incurables Curable? By Dr. Curran Pope, of Louisville.—True Cause of Functional Neuroses, by Dr. G. G. Buford, of Memphis.—The Entoning of the Psychic Neurons in Neurotherapy and in General Therapeutics, by Dr. C. H. Hughes, of St. Louis.—Chronic Rheumatism of the Knee Joints; the Relief afforded by Operation, by Dr. Michael Hoke, of Atlanta, Ga.—Treatment of the Acute and After Effects of Infantile Paralysis, by Dr. Albert E. Sterne, of Indianapolis.—Report of a Case of Acute Toxaemia of Pregnancy, by Dr. D. M. Hall, of Memphis.—Report of Cases of Probable Maternal Impressions, by Dr. J. Madison Walton, of Memphis.—Certain Phases of Inflammation of Frontal Sinuses, by Dr. A. E. Prince, of Springfield, Ill.—Lantern Slide Demonstrations of the Spirochaeta Pallida in Various Syphilitic Lesions, with Remarks, by Drs. Martin F. Engman, and W. H. Mook, of St. Louis.—Yellow Fever and Mosquitoes in New Orleans in 1905, by Dr. Quitman Kohnke of New Orleans.—Malaria: Its Bearing on Life Insurance in the Mississippi Valley, by Dr. M. Rosenthal, of Cape Girardeau, Mo.—Lithaemia, by Dr. W. Gavin, of Canton, O.—Asthma, by Dr. Wm. F. Waugh, of Chicago.—An Explanation of the Formation of Drug Habits, by Dr. H. A. Rodebaugh, of Columbus, O.—The Limitations of X Ray Therapy in the Treatment of Cancer, with Lantern Slide Demonstrations, by Dr. H. P. Wells, of St. Louis.—What is Catarrh of the Stomach? By Dr. C. B. Taylor, of Carthage, Mo.—Constipation and Its Treatment, by Dr. Geo. F. Butler, of Chicago.—Amoebic Dysentery, by Dr. A. A. McClendon, of Marianna, Ark.—The Country Doctor, by Dr. E. E. Cellins, of Williamsport, Tenn.—Modern Assets and Liabilities of the Medical Man, by Dr. Morgan Smith, of Little Rock, Ark.—Strength, by Dr. John M. Batten, of Dowingtown, Pa.—Trachoma, by Dr. C. C. Stephenson, of Little Rock, Ark.—Foreign Bodies in the Throat—with report of cases, by Dr. C. M. Capps, of Knoxville, Tenn.—Sarcoma of the Choroid, by Dr. A. G. Sinclair, of Memphis, Tenn.—Some Ocular and Mental Symptoms Due to Disease of the Nasal Accessory Cavities, by Dr. J. A. Stucky, of Lexington, Ky.: Discussion led by Dr. Geo. P. Sprague, of

of New Orleans.—Operations for Pyothorax, by Dr. Spencer Graves, of St. Louis.—The Factors that Influence the Permanence of Cure in Cancer of the Breast, by Dr. W. D. Haggard, of Nashville, Tenn.—The Value of Object Lessons at the Operative Table to the Active Practitioner, by Dr. Joseph Price, of Philadelphia.—Report of Cases: (1) Strangulated, Postoperative Hernia Associated with Infected Uterine Fibroid; (2) Case of Ruptured Ectopic Pregnancy in which Rupture Occurred during Operation for Strangulated Femoral Hernia, by Dr. John Young Brown, of St. Louis.—Partial Intestinal Obstruction, its Causes, Symptoms and Surgical Treatment, by Dr. Earl Harlan, of Cincinnati.—Bowel Obstruction, by Dr. T. C. Witherspoon, of St. Louis.—Volvulus of the Omentum, Intraabdominal, by Dr. F. D. Smythe, of Memphis.—Intestinal Obstruction, by Dr. H. O. Walker, of Detroit.—The Reason Why; Especially Concerning the Stomach, by Dr. Maynard A. Austin of Anderson, Ind.—What to do in the Presence of Obscure and Persistent Abdominal Symptoms, by Dr. H. Horace Grant, of Louisville, Ky.—Blunt Dissection in Plastic Gynaecologic Operations, by Dr. T. J. Watkins, of Chicago.—Cancer of the Uterus; Why does the Surgeon Fail to Cure it? By Dr. Emil Ries, of Chicago.—A Consideration of Retroversio-flexions in their Relation to Pregnancy, by Dr. Channing W. Barrett, of Chicago; Discussion led by Dr. O. H. Elbrecht, of St. Louis.—The Clinical Indications for Performance of Caesarean Section, by Dr. Walker Schell, of Terre Haute, Ind.—The Obstetrical Forceps, their Indications and Contraindications, by Dr. Ramon D. Garcin, of Richmond.—Pubiotomy and Its Relative Indications, by Dr. E. B. Montgomery, of Quincy, Ill. Modern Treatment of Surgical Tuberculosis, by Dr. Alex Wiener, of Chicago.—Scoliosis, its Prevention and Treatment, by Dr. P. A. McIlhenny, of New Orleans, La.—Stones of the Common Bile Duct, by Dr. J. L. McGehee, of Memphis.—Drainage in Surgery of the Gallbladder and Bile Ducts, by Dr. W. H. Wathen, of Louisville, Ky.—Non-Lithogenous Obstruction of Biliary Ducts, by Dr. A. H. Cordier, of Kansas City.—Gallstones, Reports of Two Cases, by Dr. J. H. Barnett, of Pikeville, Tenn.—Gallbladder Diseases and Floating Kidney, by Dr. M. Goltman, of Memphis, Tenn.: Discussion led by Dr. Duncan Eve, of Nashville, Tenn.—Deep Abscess Following Furunculosis, by Dr. W. A.

McKinley, of Columbus, Miss. The Diagnosis and Treatment of Brain Traumatism, by Dr. John N. Sluss, of Indianapolis.—Head Injuries, by Dr. Wm. Britt Burns, of Memphis, Tenn.—Appendicitis, the Imperative and the Alternative, by Dr. James B. Bullitt, of Louisville.—Appendicitis, by Dr. J. T. Newman, of New Orleans.—Bladder Surgery, by Dr. H. J. Scherek, of St. Louis.—Practical Points from Experiences in Prostatectomy, by Dr. G. Frank Lydston, of Chicago.—Report on Prostate Cases; with Discussions of the Conditions Determining the Form of Treatment Applicable for Individual Cases, by Dr. Bransford Lewis, of St. Louis.—Prevention and Treatment of Gonorrhoea, by Dr. W. Frank Glenn, of Nashville, Tenn.—Haemorrhoids, Postoperative Treatment, by Dr. Sterling B. Taylor, of Columbus, O.—Pruitis Ani, by Dr. Bernard Asman, of Louisville.—Operative Necessities for Cure in Tuberculosis Orchitis, by Dr. Charles E. Barnett, of Fort Wayne, Ind.—Undescended Testicle, by Dr. Richard A. Barr, of Nashville, Tenn.—Aseptic Technique in Surgical Work, by Dr. J. E. Cannaday, of Paint Creek, W. Va.—Reasons for the More General use of Local Anaesthetics and the Methods of Employing them, by Dr. W. A. Spitzley, of Detroit.—Paraffin thesis, its Histology, and other Considerations, by Dr. M. L. Heidinsfeld, of Cincinnati.—Etiology, Pathology, and Operative Treatment of Deformities of the Face and Mouth, Due to Mal-relations of the Jaws, by Dr. V. P. Blair, of St. Louis.—Prosthetic Surgery of the Face, by Dr. J. E. Johnson, of Memphis, Tenn.—Successful Obliteration of an Haemangioma Caverosum of the Upper Lip, by Dr. Francis Reder, of St. Louis.—Periosteitis, Surgical Treatment, by Dr. W. W. Robertson, of McComb, Miss.

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THE KENTUCKY STATE MEDICAL ASSOCIATION.

At the annual meeting of this association, held at Owensboro, on October 11 and 12, the election of officers resulted as follows: Dr. D. M. Griffith, of Owensboro, president; Dr. A. T. McCormick of Bowling Green, secretary; Dr. W. B. McClue, of Lexington, treasurer; Dr. J. P. Vaught, of Richmond, orator in medicine; and Dr. J. C. Quinn, of Henderson, orator in surgery. The next annual meeting will be held at Louisville.

A COMPARISON.

The medical student graduates from the medical college, and his first thoughts are: "How shall I begin my professional career? Where shall I locate? Who will help me to 'get off on the right foot?'" He has before him the world as a field; no doubt numbers of physicians who are willing to give him advice; numerous friends who will point out the way, while parents will offer suggestions; but, after all, it is left for him to decide. The critical moment has arrived in his life, he must decide on whether he will do a country practice or a city practice; he must decide whether he will be a country physician or a city physician; there are honors for both, there are hardships for both, there is a big field of usefulness for both; there is an absolute necessity for both. Both have to travel the same road to attain to any degree of prominence; but to him the city may hold its alluring promises for professional heights that a country practice does not offer. He may have to wrestle with the question before deciding. He debates it in all of its phases; thinks of the splendid advantages that he has in the city; of being in a city where there is a live medical society, where he may hear learned men discuss questions that will be of benefit to him; sees numbers of hospitals fully equipped with glass-topped operating tables, fine sterilized apparatus, trained nurses; in spotless white, tile floors in operating rooms, electrically heated operating tables, with hot and cold water at hand; all the paraphernalia necessary to make up an operating room, a physician in attendance, who is known in the city as being a well-trained anesthetist, who may be at call to administer an anesthetic; thinks of the many calls that he could make on the street cars, in place of the one that he would have to make in his buggy, or on horseback. He thinks of the many prescriptions that he could give over the telephone, instead of going to his patient's bedside. Thinks of the dark and difficult trips to be made in the night when he needs rest so badly, and thinks of the short visits made in the city as compared with the long visits made in the country. He thinks of the elegantly equipped office in the city as compared with the one he would have to occupy of less pretentious appointments in the country. He thinks of the school advantages, the church advantages, the social advantages, the railway facilities, and all facilities offering assistance to com-

merce; then he thinks of the home that he might possess on some magnificent street at a cost of thousands of dollars. How nice all these things would be if they were just within his reach. Turning these over in his mind, he looks at the other picture: "If I am in the country, I shall have to make long rides; if I am in the country my patients will not be of the wealthy class like those in the city. My patrons will not have diamonds in their shirt bosoms like their city friends; but underneath will beat a heart that is as big and true as any city can produce. Underneath this shirt bosom without diamond stud, is a humanity that needs relief from the country physician, the same as that in the city. The telephones will not be so widely distributed; the patients cannot be reached as conveniently. Many nights I shall be called to get up and go miles to see a patient, that could be relieved without this long visit if I only had telephone connection.

No hospital with its splendid equipment, trained nurses, elegant appointments; no experienced anesthetist to administer anesthetics, except my brother practitioner with meager experience, who happens to be near enough to be called in. No city medical society where I may meet with gentlemen who have had large experience. Only the county society composed of my brother practitioners who have braved the storms and inconveniences of a country practice and who have attained to a degree of perfection that crowns their efforts. These are the men whom I shall have to meet in consultation; who shall compose the county medical society of which I am a member. No brownstone front on some fashionable avenue will be my home. My home with its surroundings amid the oaks, the brooks and the lowing herd will be the place where I shall rest after a weary day of toil."

But, doctor, have you thought that some of the brainiest men that the world has ever produced have grown up in the country? The country doctor who has made a student of himself and met conditions as they arose has attained to the loftiest heights and his class have startled the world with their brilliant achievements. A gentleman whom Arkansas loves to admire, who once claimed Arkansas for his home and who has been President of the American Medical Association, who stands on the topmost round of the medical profession of the world, began

his career in the country. It was our pleasure to talk with an ex-president of the American Medical Association recently, and during the conversation he made this remark: He said: "Doctor, I have lived in a city of 200,000 inhabitants for thirty-four years; but if I were to die to-night, it is doubtful whether my next door neighbor would know it. I would much prefer, even at this late day when my practice has long since been established and my fortune made, to begin anew and start in the country; so when I died I would have the friends whom I made while soothing their sufferings and relieving their pains, come to my grave, who liked me while I lived and still loved me in death."

This same ex-president said he would be delighted at this late day to begin life over, were it at all possible for him to do so; but matters over which he had no control precluded the idea of removal.

This coming from a gentleman whom the medical profession knows and loves, whom they have honored as highly as one can be honored, is significant.

Will Carleton has expressed in this beautiful sentiment his idea of the country physician:

THE COUNTRY DOCTOR.

There's a gathering in the village that has never been outdone
Since the soldiers took their muskets to the war of '61;
And a lot of lumber wagons near the church upon the hill,
And a crowd of country people Sunday dressed, and very still.
Now each window is pre-empted by a dozen heads or more,
Now the spacious pews are crowded from the pulpit to the door;
For with coverlet of darkness on his portly figure spread,
Lies the grim old country doctor, in a massive oaken bed.
Lies the fierce old country doctor,
Lies the kind old country doctor,
Whom the populace considered with mingled love and dread.
Maybe half the congregation, now of great or little worth,
Found this watcher waiting for them, when they came upon the earth;
This undecorated soldier, of a hard, unequal strife,
Fought in many stubborn battles with the foes that sought their life.

In the night time, or the day time, he would rally brave and well,
Though the summer lark was fifing, or the frozen lances fell;
Knowing if he won the battle, they would praise their Maker's name,
Knowing if he lost the battle, then the doctor was to blame.

'Twas the brave old virtuous doctor,
'Twas the good old faultless doctor,
'Twas the faithful country doctor—fighting stoutly all the same.

When so many pined in sickness, he stood so strongly by,
Half the people felt a notion that the doctor couldn't die;
They must slowly learn the lesson, how to live from day to day,
And have somehow lost their bearings—now this landmark is away.

But perhaps it still is better that his busy life is done,
He has seen old views and patients disappearing, one by one;
He has learned that death is master both of science and of art,
He has done his duty fairly, and has acted out his part.
And the strong old country doctor,
And the weak old country doctor,
Is entitled to a furlough for his brain and for his heart.

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MEDICAL BRIEF.

THE MEDICAL BRIEF has "worked" several of the Kansas City doctors to give it papers. We are sorry to notice that some members of the faculty of the University of Kansas are in the group. A woman is the agent, and she makes such an appeal to the doctor's sympathy that he forgets the record of the Medical Brief as the opponent of medical organization—thinks he will be advertised by it—and sends in his story.—Journal Kansas Medical Society.

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RAILWAY SURGEONS MEET.

At the thirteenth annual meeting of the Iowa Association of Railway Surgeons, held in Des Moines, September 27 and 28, Dr. Smith A. Spillman, Ottumwa, was elected president, and Dr. Elbridge H. King, Muscatine, vice-president; Dr. Albert B. Deering, Boone, was re-elected secretary, and Dr. E. C. McMeel, Delmar, treasurer.

FROM DR. McCORMACK.

Bowling Green, Ky., Oct. 19, 1906.

My Dear Doctor:

I have the honor of transmitting the enclosed resolutions unanimously adopted by the Kentucky State Medical Association. I also enclose a copy of a letter which has been sent with the resolutions to every doctor in Kentucky. In over half the counties of the State the profession has already acted as a unit and we feel that we will surely win if we can have the co-operation of the profession of our sister states. I will be glad to hear from you on the subject, and, if you are willing, your reply will be published in the Kentucky Medical Journal.

Very respectfully,

A. W. McCORMACK,
Secretary.

Bowling Green, Ky., Oct. 19, 1906.

My Dear Doctor:

The enclosed resolutions explain themselves. Please read them through carefully before reading this letter. Are you willing to enlist for the war on the side of common honesty and thorough medical examination and honest compensation? We want no ninety-day enlistments but every doctor in the State who has the welfare of the profession and the policyholders he has heretofore examined at heart to enlist for the war. In over thirty counties already every doctor in the county has agreed to make no more examinations for the dishonored companies that have lowered their standard of medical examiners and then added injury to insult by lowering medical fees. If you are willing to help please write to every company that you are examining for that you will make no more examinations for less than five dollars, and then write on the enclosed card what you have done and will do. Your reply will be published in the State Journal if possible and the stronger you make it the more encouragement for your fellows. We are not forming a union or a trust but are simply meeting organized oppression and corruption by an organized profession instead of vainly striving as individuals.

Please help to arrange at once for a meeting of every doctor in your county and pass strong resolutions on the subject. One of the officers of one of the great companies told a doctor recently that they hired doctors as cheap as possible. He said they would pay five dollars only when all of the profession demanded it, and would get them for \$1

if they could. Should not an aroused profession resent this insult? Send copies of your resolutions and agreements and all your plans to Bowling Green as soon as possible so they may be published and encourage your fellow doctors who are on the firing line. If you are not already helping your county society, help now! The fight is on and we will succeed if you will help.

The Commonwealth Life Insurance Company of Louisville has already adopted the five-dollar fee since the Owensboro meeting and will only appoint reputable examiners hereafter. This means about \$20,000 annually to the doctors of the State and hundreds of thousands eventually to the policyholders. All honor to the Commonwealth for being the first company to join us in our fight. Others are coming. Some have never wavered! Help these companies as much as possible and then some. Get the agents of three-dollar companies just as soon as possible to make liberal and honest contracts with this and other reputable companies such as the Massachusetts Mutual, Connecticut Mutual, Northwestern and Mutual Benefit and others whose names will occur to you, whenever you can. A list of honest companies that honor and appreciate our profession will be published in an early number of the Kentucky Medical Journal. Watch for this list and help our friends! In this fight everything counts and every influence in our profession worth having is being bent towards winning it. Do not let anyone discourage you by saying it is hopeless. Ballard and Hardin and other counties have already held meetings and every doctor is in line. Nothing is hopeless to the doctors of Kentucky if they stand by each other. "He who dallies is a dastard and he who doubts is damned!" Help every time you can and help every other doctor to help. Do not get mad when a man falters and slips but convince him he is wrong and moral suasion and kindness will keep every one in line.

We have written every newspaper in the State requesting their help. The newspaper men have helped our profession in every reform we have ever undertaken. See your editor or write him and explain what we are now trying to do toward protecting the trust funds already stored up by the great companies. Also see your friends among the policyholders and get them interested. Tell them cheap, incompetent doctors as examiners will eventually endanger the assets of even the gigantic companies which have

heretofore prospered and which are now financially our strongest institutions in spite of reckless extravagance and mismanagement. Every doctor who makes a mistake in a life insurance examination costs his company at least a thousand dollars in a death loss. The best of us make enough! What would the worst do? No number of millions could stand such a drain for long.

I have undertaken the work of Secretary of this Association, with great reluctance and at a great personal sacrifice. I am only one man and can accomplish very little alone, but if I can have the active, sincere support of every doctor in Kentucky, I feel absolutely sure we can accomplish much together. Read the Journal! It is your paper. It belongs to the doctors of Kentucky and every cent it makes is spent in accordance with their directions. Ideas and articles furnished by and for you fill it. There will be some thing about you in every number. Watch for it! If you do not get it, see your county Secretary or write me. It will tell all about our progress in this fight and in a dozen other directions. Read the Journal and write a postal about everything that happens in your county of interest to doctors. Please write on the enclosed card what you will do and return by the next mail. Eight hundred have come in already and the vote is unanimous so far. Send yours at once and swell the total.

Yours for the profession,

A. McCORMACK.

Secretary.

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NO CUT IN INSURANCE FEES.

The following Report of the Committee on Life Insurance Examinations was unanimously adopted by the Kentucky State Medical Association on October 11, 1906, at Owensboro, Ky., and the Secretary was instructed to send a copy to every doctor and newspaper in Kentucky:

Your Committee on Insurance has carefully considered the subject of medical examinations and the reduction of fees, proposed by certain of the old-line companies, and submits as its report the following preamble and resolutions:

Whereas, The recent official investigations of the three great life insurance companies of New York clearly developed that the medical departments were among the few which

were not honeycombed with mismanagement or corruption; and,

Whereas, The legislation resulting from the investigation intended to cure evils existing elsewhere was at once seized upon as a justification for a long premeditated, concerted and systematic plan for debauching these departments by lowering the standards and compensation for medical examiners, employing and importing into every section recent graduates and men who have failed in practice, as well as representatives from the lowest grades in the profession, thus destroying what has always been recognized as a fundamental safeguard in sound life insurance; and,

Whereas, While nothing could justify such a short-sighted course the official reports of the income and expenses of the insurance business in this state and the country at large, last year, and during all of its history, and the facts in regard to the recent legislation in New York made ridiculous the plea that the action was necessary in the interest of economy or was caused by such legislation. Now, therefore, be it

Resolved, by the Kentucky State Medical Association, in annual convention assembled. That this organization and concerted attempt to lower the standard and compensation of medical examiners all over the country is not only most unjust and degrading to our profession, but is so unsound as a business proposition that it cannot but ultimately prove most expensive and dangerous to all policyholders in these companies, made up of our patrons and ourselves.

Resolved, That a large experience having demonstrated that the thorough and painstaking examination of every applicant for insurance cannot be made for less than five (\$5.00) dollars, we recommend that this amount be fixed as the minimum fee, and shall be morally binding on all members in this state on and after January 1, 1907.

Resolved, That in view of the vast interests involved we urge the profession in every county in this state to meet at the earliest practicable day and arrange for organized resistance to this organized and inexcusable oppression. We advise that this be done outside of the society, and that, so far as possible, it include every reputable physician in the county, whether a member of the society or not. We advise that the agreement be not made a test of membership, our reliance being upon the justice of our cause, a spirit

of mutual helpfulness and co-operation, and our evident duty to protect the best interests of policy-holders.

Resolved, That we pledge our cordial support to those companies which have so managed their affairs that they have never been tainted with charges of corruption, and consequently have not found it necessary to degrade their medical subordinates, or otherwise destroy the protection to policy-holders, and our Secretary is hereby instructed to publish a list of such companies in each issue of the Journal, upon condition that they are approved by our active and fearless state commissioner of insurance.

Resolved, That we also pledge our support to the Inter-national Policy Holders' Association, which is supporting the United Committees' Ticket, the middle one on the official ballot, in every effort it may make for the protection of the interests of policy-holders; that our secretary is hereby instructed to furnish each county society in Kentucky with an ample supply of ballots for the tickets supported by this Association for trustees of each of such companies, and that we appeal to the profession in each county and state in the United States to co-operate with us in this movement.

DR. J. W. ELLIS, (Chairman).

Masonville,

DR. D. C. BOWEN, Elizabethtown,

DR. J. T. SHOEMAKER,

Morganfield,

Committee.

(Read this to every policy-holder in the New York Life, Mutual Life and the Equitable. Official ballots will be furnished every policyholder who will write to the Secretary of the Kentucky State Medical Association at Bowling Green, Ky.)

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**CIRCULAR LETTER FROM PRESIDENT
GIBSON.**

Circular Letter No. 2.

Pulaski County Medical Society, Little Rock,
Ark., October 26, 1906.

To the Members of the Pulaski County
Medical Society:

The first meeting of the Society (Oct. 15) this fall was not largely attended and there was no paper read. The weather was inclement and may have kept some members from attending.

The Secretary and Chairman of the Com-

mittee on Program and Scientific Work report that the committee is not only unable to prepare the program for three months as required by the by-laws but it has signally failed in its efforts to induce a member to read a paper for the next meeting.

When this state of affairs is reached in a medical society as large in numbers and as powerful in intellect as the Pulaski County Medical Society it would seem that it is about time to hold a consultation.

You are, therefore, earnestly requested to attend the next meeting, Monday, October 29, and participate in the discussion of "The Future of the Pulaski County Medical Society." In the meantime you may find the enclosed clippings relevant.

Respectfully,

L. P. GIBSON,
President.

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PULASKI COUNTY MEDICAL SOCIETY

October 12, 1906.

To the Members of the Pulaski County Medical Society:

The last meeting of the society adjourned subject to the call of the President. It was expected that the first meeting would be called for the first Monday in October, but on account of another entertainment on that date which it was probable most of the members would desire to attend, the reassembling was deferred until Monday, October 15.

After a rather long, and we hope, pleasant vacation it is now time for the society to begin the winter's work with renewed or rather *new* vigor, for in recent years there has been such a lack of energy that a simple renewal would promise but little.

With a membership of about seventy-five, nearly sixty of whom are teachers in medical schools, with two medical schools in this city, with the several infirmaries and hospitals in the county, with the medical officials of the State institutions, and several railroads, all located in this city and county, what should be the achievement of the County Medical Society? What has it done? Much of the time last winter was devoted to re-organization and re-adjustment. With a reasonably good organic law, with efficient committees already appointed, with the large membership and teaching corps already attended to, with so much that needs to be done and can be done we ought to get about the work with some show of interest even though we cannot be aroused to energy and

enthusiasm. If Little Rock is to be a medical center let us endeavor to make the Pulaski County Medical Society the center of the center.

A few members of the Society have attended regularly, a small number occasionally, but a *majority* hardly ever attend, and several members have never been to a meeting although their admission to membership has not been of recent date.

All members of the Society are requested to attend the opening meeting and to continue attendance throughout the winter. "Faith without works is dead," and membership in a medical society without participation in its deliberations is a worse thing, a state of chronic invalidism of the society.

Respectfully,

L. P. GIBSON,
President.

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POPE COUNTY MEDICAL SOCIETY.

Atkins, Ark., Oct. 9, 1906.

Dr. C. C. Stephenson, Secretary Arkansas Medical Society, Little Rock Ark.:

The Pope County Medical Society met in Russellville on the appointed date, the third Thursday, September 20 last, with President J. M. Campbell in the chair. The minutes of our last meeting were read and approved. The action of some of the old-line life insurance companies towards the medical profession was discussed at length. On motion by Dr. R. M. Drummond the matter was tabled indefinitely. It is the sense of the active members of our society that five dollars should be the minimum fee charged all old-line insurance companies, and two dollars and fifty cents should be charged for each examination made for the fraternal or benevolent orders. While we feel this to be one of the many neglected matters confronting us in this section, we are not ready, or at least not at all prepared, to act on the matter with any definite results, without doing ourselves an injustice. Our society meets again the third Thursday in December. We would like to have our State Secretary to be with us.

Fraternally submitted,

DR. L. GADDY, Secretary.

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CRAWFORD COUNTY MEDICAL SOCIETY.

Dear Doctor Stephenson:—

At the two last meetings of the Crawford County Medical Society we elected six members, the names enclosed. We also had

election of offices as follows: Dr. J. D. Youart, Dean Springs, president; M. S. Dibrell, secretary; J. E. Blakemore, treasurer; Drs. Rives, Alma, Sharp, Alma, and Parchman, censors. There was taken a new order of business, that is of having a leader each month to get up a list of question to be mailed to each member of the society, and each member is supposed to know his lesson when the bell rings. This new order of things we think a good departure. The leader is supposed to know everything about the questions he propounds and be able to unravel any question if a member takes issue with him. Dr. O. M. Bourland was appointed leader for the present month, and I enclose a list of the questions he has sent out. What do you think of the idea?

Yours truly,

M. S. DIBRELL, Sec.

P. S. These questions are *not* taking place of our regular essayist, but are a side issue. Dr. Giles Lucas is our essayist for the present month.

M. S. D.

Questions for meeting November 29:

- (1.) What are the antidotes for carbolic acid?
- (2.) What are the physiological actions of the bromides and of bromine?
- (3.) How would you treat a case of veratrum poisoning; and what are the uses of veratrum viride?
- (4.) What is the chemical formula of water?
- (5.) What is haemoglobin?
- (6.) What do you understand by the terms, symptoms, signs, period of incubation, and prodromes of diseases?
- (7.) What do you understand by macroscopic and microscopic appearance of an organ?
- (8.) What are the complications of typhoid fever?
- (9.) What are the differences between femoral, umbilical and ventral hernia?
- (10.) What is the vernix caseosa? And amegna preputii?
- (11.) What are the symptoms and treatment of extra-uterine pregnancy?
- (12.) What is the longest muscle in the body?
- (13.) How long should a lying-in woman remain in bed?

Replying to Dr. Dibrell's question, I think that the Crawford County Medical Society, has "set a pace" that other societies

will do well to follow. The question idea is a good one, and will be the means of doing some post-graduate work as it were. It will stimulate study. It will cause some to investigate other subjects aside from their own choosing. Questions will be answered on subjects that will broaden the ideas of the members. Doubtful questions will be asked and no doubt answered to the satisfaction of all.

Keep up the plan, and send the Journal your questions for publication each month, with a report of how the departure is liked.

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POLK MEDICAL SOCIETY.

Dr. W. P. Parks, president of Polk County Medical Society, leaves in a few days on a business trip to Colorado.

Dr. W. H. Harris has moved from Mena to Magazine, his old home.

Dr. Abner Webb, now in London, England, writes to Dr. D. O. Holmes that he expects to start home soon. The physicians of Mena will then have another able man among them.

Dr. Park, president of Polk County Medical Society, will order a special call meeting of the members shortly, to consider matters of importance and to prepare for next year's work.

Dr. F. A. Lee has been appointed county physician for Polk county.

Dr. Elliott is bulding a nice home at Hatfield.

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THE TRI-STATE MEDICAL SOCIETY.

The meeting of the Tri-State Medical Society, composed of the States of Louisiana, Arkansas and Texas, was held in Marshall, Tex., November 14. Dr. Oscar Dowling of Shreveport, La., is President.

Dr. Dowling is an old classmate of the editor of the Journal, and it is with great satisfaction that we note that through his efforts the Tri-State Society has been organized and brought to the degree of prominence that it has attained. It now has an energetic and growing membership, composed of the very best medical talent of the three States. Dr. Dowling has worked hard for this organization and that he has succeeded goes without saying. The program, as copied from the Medical Recorder, is as follows:

President's Address, Dr. Oscar Dowling, Shreveport, La.

Syphilis, Dr. M. G. Thompson, Hot Springs, Ark.

Alkaloid Medication, Dr. C. E. Jones, Winslow, Ark.

Unannounced, Dr. L. Abramson, Shreveport, La.

Further Observations in the Local Use of Cocaine Anaesthetics, Dr. T. E. Schumpert, Shreveport, La.

Unannounced, Dr. W. K. Sutherlin, Shreveport, La.

Electricity, Dr. W. K. Read, Texarkana, Texas.

Malarial Hemoglobinuria, Dr. T. S. Ragland, Gilmer, Texas.

Intestinal Obstruction, Dr. C. A. Gray, Bonham, Texas.

Unannounced, Dr. T. F. Kittrell, Texarkana, Ark.

Bronchoscopy and Esophayoscopy, Dr. R. H. T. Mann, Texarkana, Ark.

Gastrectomy, Report of Case, Dr. J. R. Dale, Texarkana.

Tuberculosis of the Skin, Dr. Nettie Klien, Texarkana.

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CINCINNATI SOCIETY FOR MEDICAL RESEARCH.

Meeting of October, 1906.

THE BACILLUS PARALYTICANS.

Dr. F. W. Langdon reported on some research work in progress at the Clinical Laboratory of the Cincinnati Sanitarium on the *Bacillus paralyticans*, recently announced by Dr. Ford Robertson, of Edinburgh, as bearing an important causative relation to paresis and to locomotor ataxia. Pure cultures of the bacillus in both rods and filaments, derived from the cerebro-spinal fluid, urine and other secretions, were exhibited; also photomicrographs. The bacillus belongs to the "diphtheroid" group, but differs from the Klebs-Löffler bacillus in important particulars: Thus, it is non-pathogenic to guinea-pigs, while fatal to rats in two or three months. Rats fed upon it develop clinical symptoms and histological lesions resembling some of those of paresis.

The organism occurs in rods singly and tending to be grouped in threes; also in a filamentous or "thread" form due to non-separation of the individuals and presumably rapid proliferation. A high temperature (42° C.) during culture, or the presence of fever in the patient, are considered

by Robertson as favoring the production of the thread form. The organism, like the Klebs-Löffler bacillus, appears remarkable for its polymorphism. It occasionally shows barred as well as solid color forms when stained with methy-blue or carbol-fuchsin. The "barred" forms convey something of the impression of a link of dark-colored sausage, with two or three broad light bands painted around it transversely. The polymorphonuclear leucocytes exert a marked lysogenic action upon the bacillus, and this necessitates the immediate cooling of blood containing them, in order that the lysogenic power of the leucocytes may be arrested. By this process the bacillus has been found in the blood. According to Robertson, the bacillus paralyticus gains access to the system by way of the respiratory tract and alimentary canal chiefly. Syphilis, alcoholism and the "strenuous life" generally are merely important factors in breaking down the general defenses against the bacterial invasion. The invasion of the blood, lymph and tissues generally by the bacillus gives rise to the production of toxins to which the various trophic, degenerative, convulsive and paralytic phenomena of the disease are due.

The bacillus has been found in the bronchial, alimentary and genito-urinary mucous membranes; in the cerebro-spinal fluid; in the brain; the walls of the cerebral blood-vessels; the blood; the urine; and other tissues and secretions. To the lysogenic action of the leucocytes and blood serum of the paretic, is attributed the recession of the bacterial invasions, and consequently the "remissions" so characteristic of paresis.

The subject was discussed by Dr. C. B. Conwell, Pathologist to the Sanitarium, and by Drs. A. L. Knight, C. C. Fihe, W. R. Griess and the President, Dr. Kramer.

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PULASKI COUNTY MEDICAL SOCIETY.
 To the Editor Journal Ark. Med. Society:

Pulaski County Medical Society assembled in regular session Monday night, October 29, at 8 p. m., with a fair attendance. Dr. M. D. McLain, the essayist for the evening, read a paper on "Malarial Hematuria." After describing the symptoms, etc., he gave the history of four or five cases he had recently met with, and gave in detail the treatment and the final outcome of these patients. On account of the prevalence of this malady in this section of the country, there are very few of the profession who

have not had more or less experience in its treatment.

After the reading of the paper the following gentlemen entered into the discussion: Drs. Morgan Smith, M. D. Ogden, E. Bentley, R. B. Christian, E. R. Dibrell, J. L. Dibrell, L. P. Gibson, R. W. Lindsey, W. A. Snodgrass and Oscar Gray.

While the discussions varied to some extent as to the drugs to be used in the treatment, yet all agreed to the necessity of administering calomel freely, and arousing the secretions in general, more especially the kidneys. Several gentlemen present had received encouragement by administering normal salt solution by hypodermiclysis or intravenously to arouse the kidneys to action. Especially was this recommended where the stomach would not tolerate administration of drugs, and in that comatose or semicomatose; a condition not unfrequently met with. Drs. Ogden and Dibrell in their discussion brought out the pathological side of the disease which was of great interest. The question of when and how to administer quinine was also dwelt upon, and the hypodermic method was favored. As to the proper time to or suitable cases to administer it, the consensus of opinion was in those cases where there was a marked periodicity of the Hematuria or chills.

The President, in his discussion, said he was glad to see so many of the members of profession and especially to hear those present speak upon the same basis of treatment; that heretofore in discussion of the subject many had taken arbitrary views.

There being no further business before the Society a motion to adjourn was made and carried.

Yours truly,
 OSCAR GRAY, Secretary.

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The State Legislative Committee is soon to send certain letters to the various secretaries that demand immediate attention. The Committee asks that the secretaries do not delay but give their immediate attention to all communications received from the committee from now until after the Legislature meets in January. The county secretaries must do their duty if anything is to be accomplished in the way of medical legislation. Answer all letters pertaining to society work and remember that this means you and not someone else.

O. L. WILLIAMSON.

MEDICAL ASSOCIATION OF THE SOUTHWEST.

Minutes of the Medical Association of the Southwest, meeting at Oklahoma City, Oct. 30-31, and of the Committee on Organization.

Hotel Lee, Oct. 29, 7:30 p. m.:

The meeting of the Committee on Organization of the Medical Association of the Southwest, with the following members present: J. E. Gilcreest, T. T. Holland, J. B. Bolton, E. Meek, Chas. F. Bowers, Geo. M. Gray, M. F. Jarrett, Chas. W. Fassett, Jabez N. Jackson, A. L. Blesh, H. C. Todd, and F. H. Clark; the other members of the committee present in the city but who asked to be excused temporarily that they might attend a meeting of the Council of the Oklahoma State Association, were: B. F. Fortner, V. Berry and G. A. Wall; Vice-president Bobo was also present at the meeting and took part in the discussion.

In the absence of Temporary President Dr. F. J. Lutz, of St. Louis, Dr. J. E. Gilcreest was elected chairman of the meeting.

Dr. Jabez N. Jackson then presented the report of the Committee on Constitution, which was carefully read and discussed by article and section and then, upon motion duly seconded and carried, was unanimously adopted by the committee and recommended to the Association for its adoption.

The Committee on Publication made a partial report and upon motion were granted further time in which to prepare their report, with instructions to report to the Executive Committee when it should have been elected.

The Temporary Secretary-Treasurer then presented his report, showing that he had received up to the time of this meeting \$328.00 in dues for the coming and that the expenses incident to the calling of the convention for postage, etc., had been \$171.39, all of which had been paid and that he had incurred a printing bill amounting to \$128.50, which had not been paid. Upon motion duly seconded and carried the report was accepted and adopted and ordered read at the business session of the general meeting.

The Chairman then appointed as a credential Committee the Secretary-Treasurer, and Drs. Edw. F. Davis, W. J. Jolly and Reiley.

Dr. Jabez N. Jackson then suggested that the Secretary send to some one in each State before the time of the annual meeting a

supply of membership application blanks, that an effort might be made at each meeting to increase the membership of the new association.

Dr. H. C. Todd, Chairman of the Committee of Arrangements, then reported the plans for holding the meeting and announced that a lunch had been prepared for the members at the Indianahoma club, to be served October 30, at 8 p. m.

After authorizing the Secretary Treasurer to present this report to the general meeting the committee adjourned *sine die*.

F. H. CLARK,
Temporary Secretary-Treasurer.

Chamber of Commerce, Oct. 30, 1906, 9:30 a. m.: Meeting of the Medical Association of the Southwest called to order by Vice-President P. S. Mitchell of Iola, Kas.

Dr. Jabez N. Jackson moved, which motion was duly seconded and carried unanimously, that the Association invite the Tri-State Medical Association to unite with the Medical Association of the Southwest; all members of the Tri-State Association to be received as members of the Medical Association of the Southwest, without further formality except the payment of dues. Recess of 15 minutes was now declared that the Tri-State Association could hold a meeting.

10:30 a. m.: Meeting called to order by Vice-President C. S. Bobo of Norman, Oklahoma. Dr. C. M. Rosser of Dallas, Texas reported for the Tri-State Association, speaking at length in well chosen words of the change in conditions which made it seem best to unite the Tri-State and the Medical Association of the Southwest, saying, also, that all that the new association proposed to accomplish had been in the mind of the Tri-State and finished by calling upon R. J. Crabill of Allen, I. T., the Secretary of the Tri-State Association, to present the formal report. Dr. Crabill then in a few words presented to the officers and members of the Medical Association of the Southwest the records and membership list of the Tri-State Association..

Dr. H. Coulter Todd of Oklahoma City, Chairman of the Committee on Arrangements now took charge of the meeting and introduced Rev. Henry Alford Porter, who invoked the Divine blessings upon the meeting.

Dr. L. Haynes Buxton of Oklahoma City was now introduced, and delivered a warm address of welcome from the profession of Oklahoma City, which was responded to with

equal warmth and earnestness by Dr. Geo. W. West of Eufaula, former President of the Tri-State Association, and by Dr. Jabez N. Jackson for the Medical Association of the Southwest. Dr. Messenbaugh, mayor of Oklahoma City, having now arrived, extended in a few well chosen words a greeting from Oklahoma City to the visiting physicians. After a brief report from Dr. Todd for the Committee of Arrangements, Dr. C. S. Bobo assumed charge of the meeting and called for a report of the Committee on Organization which was made by the Temporary Secretary-Treasurer.

The report recited that pursuant to action taken by the State Associations of Missouri, Kansas, Arkansas, Oklahoma-Indian Territory and Texas, five representatives had been appointed by each State to act as a committee on organization to consider the advisability of forming a new medical association which should embrace the territory mentioned; the committees held a meeting at Kansas City, Mo., July 17, 1906, with fifteen members present and unanimously voted to proceed to plan for the organization of such a committee and elected temporary officers: Dr. F. J. Lutz of St. Louis, as Temporary President, and F. H. Clark of El Reno, Temporary Secretary-Treasurer. A declaration of principles was adopted which defined the needs for such an Association and to physicians in good standing in some of the component State Associations, Oklahoma City was chosen for the place of the first meeting because of its central location and the Secretary was authorized to call the meeting at such time as could be arranged and as near the middle of October as possible.

In accordance with the instruction of the committee the Secretary had mailed to every physician who is a member of the component State Associations a copy of the Declaration of Principles and a call for the first meeting.

Up to the time of making this report nearly three hundred have responded and have enrolled themselves as members of the Association, 164 of which have already paid the first year's dues. The committee decided to arrange for a two days' session for the first meeting, and that the first morning's session should be devoted to the business matters, and the scientific program should begin at 1:30 the first day and should continue until completed or until the close of the second day.

By authority of the committee three sec-

tions have been arranged for as follows: Eye, Ear, Nose, and Throat, General Medicine and Surgery.

The incidental expenses incident to the planning of the meeting, have been \$171.39, which have been paid, and the printing bill of \$128.50.

Upon motion duly made, seconded and carried, the report was accepted, and ordered recorded, and the secretary authorized to pay the printing bill.

Dr. Jackson then stated that we had as yet no organization and moved that all who had applied for membership and had paid their first year's dues should be recorded as charter members of the Association. Motion was unanimously carried.

Dr. Jackson now reported for the Committee on Constitution, carefully reading and explaining each article and section of the proposed constitution and by-laws.

Motion was now duly made and seconded that the report of the committee be accepted, and we adopt the constitution and by-laws as a whole.

Amended that we accept the report of the committee and proceed to adopt the constitution and by-laws by article and section; amendment not seconded, and withdrawn. Motion carried. Dr. A. L. Blesh now asked unanimous consent to change article 7 to read "by a vote of three-fourths of those present," instead of "three-fourths of those registered;" request granted, and change ordered.

A recess of 15 minutes was now taken that the State delegations might hold caucuses for the appointment of members of the Nominating Committee; the various delegations reported as follows, after the recess:

Texas: Drs. Joe Beckton, Greenville; B. R. Fly, Amarillo; E. H. Cary, Dallas; M. M. Smith, Sulphur Springs; J. C. Carleton, Bonham.

Oklahoma: Drs. G. A. Wall, Oklahoma City; B. F. Fortner, Vinita, I. T.; H. C. Todd, Oklahoma City; G. W. West, Eufaula, I. T.; A. L. Blesh, Guthrie.

Arkansas: Drs. J. P. Runyan, Little Rock; H. Moulton, Fort Smith; T. E. Holland, Hot Springs; E. Meek, Argenta; F. B. Young, Springdale.

Kansas: Drs. C. C. Goddard, Leavenworth; M. F. Jarrett, Ft. Scott; W. F. Sawhill, Concordia; H. L. Alkire, Topeka; S. S. Glasscock, Kansas City.

Missouri: Drs. Chas. Wood Fassett, St. Joseph; Bransford Lewis, St. Louis; J. D. Griffith, Kansas City; S. C. James,

Kansas City; John Punton, Kansas City.

Dr. A. L. Blesh now announced that the Nominating Committee would meet in the Chamber of Commerce at 4 o'clock, after which the meeting adjourned until 2:30.

Chamber of Commerce, 2:30 p. m.: Meeting called to order by Vice-President Bobo; the Secretary requested all who had not registered to do so at once and also to turn in to him all railroad certificates so the required number of 100 could be sent to the joint agent as soon as possible.

Adjourned to take up the scientific program in sections.

Indianahoma Club, Oct. 30, 1906, 8 p. m.: After partaking of a bountiful lunch, the Chairman of the Committee of Arrangements call upon Dr. J. D. Griffith to act as toastmaster, who called Drs. Holland, Jackson, Hoxie, Rosser and Benton to respond to toasts, which was done in an unusually happy manner by each, after which Dr. J. T. Wilson, Vice-President, took charge of the meeting and introduced Dr. John Punton of Kansas City, who read a paper on "The Borderland of Insanity in Its Clinical Aspects."

The paper was an exceedingly well prepared one and was thoroughly enjoyed by all who listened to it.

Dr. A. L. Blesh then gave notice that at the session on the following day he would present an amendment to the constitution and by-laws as follows: Section 1, Article 3, to be amended by the addition of the following words: "The President shall be ex-officio Chairman of the Executive Committee and shall preside over all its sessions, in person, or shall delegate this duty to any one of the Vice-Presidents.

Section 111, Article 3, shall be amended by the addition of the following words: "The Secretary-Treasurer shall be ex-officio Secretary of the Executive Committee and shall keep record of the proceedings of said committee, either in person or by some assistant delegated by him.

Meeting then adjourned to Oct. 31, 1906, at 9:30 a. m.

Chamber of Commerce, Oct. 30, 9:30 a. m.: Meeting called to order by Dr. Wilson.

Minutes of the preceding session read and approved.

The Secretary then read a telegram from Temporary President Lutz, expressing his regret at being unavoidably detained at home, which was received and a committee of two

appointed by the Chair to send an appropriate answer to the same.

The report of the Secretary-Treasurer, showing 300 applications had been made for membership and about 250 of which had at this time paid the fee and the expenditures of \$171.39 for the incidentals and outstanding bills of \$128.50 for printing and about \$15.00 for incidentals for the present session was read, and on motion was accepted and adopted.

Dr. E. O. Barker then moved, which motion was duly seconded and carried, that only those who had paid the first year's dues be recorded as members.

The Nominating Committee then reported through its Secretary, Dr. J. P. Runyan, of Little Rock, Ark., placing in nomination for president, Drs. T. E. Holland of Hot Springs, Ark., and C. M. Rosser of Dallas, Texas.

Dr. Jackson moved that the report be accepted and that we proceed to ballot for President, which motion was duly seconded and carried; the chairman then appointed as tellers: Drs. Jno. Punton and S. S. Glasscock, who collected the ballots, and upon counting the same it was found that 102 votes were cast, of which Dr. Rosser received 55 and Dr. Holland 47.

The chairman then declared Dr. C. M. Rosser elected as president for the ensuing year.

Dr. T. E. Holland now moved that the election be made unanimous, which motion was duly seconded and carried, and Dr. Rosser was declared unanimously elected. The chairman appointed Dr. J. D. Griffith, a committee of one to escort the newly elected President to the platform, where in a few well chosen words he thanked the Association for the honor they had conferred upon him and asked for the hearty support of all in pushing forward the work to be accomplished.

The Nominating Committee now completed their report by nominating for vice-presidents: Drs. J. P. Runyan, from Arkansas; W. F. Sawhill, from Kansas; Jno. Punton, from Missouri; E. O. Barker, from Oklahoma.

For Secretary-Treasurer: Dr. F. H. Clark, of El Reno, Oklahoma.

Motion was duly made, seconded and carried, that the rules be suspended and the Secretary be instructed to cast the unanimous ballot of the Association for those named

for the respective offices for the ensuing year.

The Nominating Committee reported the following for members of the executive committee:

Arkansas: Drs. C. E. Hurley, Bentonville, 3 years; E. Meek, Argenta, 2 years; F. Vinsonhaler, Little Rock, 1 year.

Oklahoma: Drs. A. L. Blesh, Guthrie, 3 years; Leroy Long, South McAlester, 2 years; L. H. Buxton, Oklahoma City, 1 year.

Texas: Drs. E. H. Carey, Dallas, 3 years; D. R. Fly, Amarillo, 2 years; E. J. Neathery, Sherman, 1 year.

Kansas: Drs. Geo. M. Gray, Kansas City, 3 years; C. E. Bowers, Wichita, 2 years; E. E. Leggett, Oswego, 1 year.

Missouri: Drs. J. D. Griffith, Kansas City, 3 years; Bransford Lewis, St. Louis, 2 years; W. Camp, Springfield, 1 year.

Dr. A. L. Blesh reported for the committee on place of next meeting, nominating Hot Springs, Ark.

Motion was duly made, seconded and carried, that the report be accepted and adopted.

Motion was then made, seconded and carried, requesting the Executive Committee in arranging the program for the coming meeting to arrange for a general session of all the sections for the next meeting.

The Secretary now reported that as he had previously been instructed he cast 102 ballots for each of the officers and members of the Executive Committee as reported by the Nominating Committee.

Dr. S. C. James moved, which motion was duly seconded, that a vote of thanks be extended to the various officers and each committee for their services in connection with the present meeting. Motion was unanimously carried.

Dr. Jackson now moved that a vote of thanks be extended by the Association to the Mayor, the profession of Oklahoma City, the Reception Committee and the citizens, which motion was duly seconded and unanimously carried.

Motion made, seconded and carried, that the Association now adjourn.

The Section officers for the coming year as reported by the various sections are as follows:

General Medicine: Chairman Dr. S. C. James, Kansas City; Vice Chairman Dr. F. B. Young, Springdale, Ark.; Secretary C. C. Goddard, Leavenworth, Kansas.

Eye, Ear, Nose and Throat: Chairman Dr. E. H. Carey, Dallas, Texas; Vice Chair-

man Dr. H. Moulton, Fort Smith, Ark; Secretary R. E. Runkle, El Reno, Oklahoma.

Surgery: Chairman Dr. J. N. Jackson, Kansas City; Secretary Dr. B. F. Fortner, Vinita, I. T.

Hotel Lee, Oct. 31, 1906, 12 m.: Meeting of the Executive Committee called to order by President C. M. Rosser. The report of the Publication Committee was made, which was as follows: We recommend that the bill for the services of Miss Norton as official stenographer be allowed at a price not to exceed \$80.00 for reporting the sessions of this meeting; we further recommend that the society secure the publication of its proceedings and other matters of society interest in a reputable medical journal with an already established circulation in the territory covered by our organization and whose interests in a general way are common with ours.

We recommend the journal method of publication and solicit propositions in detail from journals desiring this work.

CHAS. WOOD FASSET,
T. E. HOLLAND,
A. L. BLESCH,

Committee.

On motion the recommendation regarding the salary of Miss Norton, was duly adopted and the Secretary-Treasurer authorized to pay this bill.

On motion, duly seconded and carried, the selection of an official journal was left to a committee to be appointed and to consist of five, one from each State, who were also instructed to ascertain the feasibility of publishing the proceedings in a bound volume.

Dr. A. L. Blesh presented the following resolution and moved its adoption: Be it resolved, that it be obligatory upon the applicant for membership to furnish a voucher from the secretary of his component county society, for his membership in the county and State Society.

Resolution amended by adding the words: or other satisfactory evidence. Unanimously carried as amended.

Moved by Dr. J. D. Griffith, and duly seconded and carried, that the Secretary-Treasurer be authorized to pay all outstanding bills.

Secretary then reported that as we were about ten short of the required number to secure the reduced fare home, he had sent to Guthrie and had Dr. Ralph Smith purchase ten first-class tickets from Guthrie to Oklahoma City and secure the certificates to make

up the shortage, which action was endorsed by the committee and the bill ordered paid.

Motion made and duly seconded that the Secretary be given the power to announce the Chairman of the Committee of Arrangements as soon as he should be nominated by Dr. T. E. Holland. Motion carried.

Moved by Dr. A. L. Blesh that the Secretary record as charter members all who shall have made application and shall have paid their first year's dues at the close of this meeting. Motion duly seconded and carried.

Committee adjourned to meet in Hot Springs the afternoon before the next meeting.

F. H. CLARK, M. D.
Secretary-Treasurer.

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REPORT ON OPERATIVE WORK FOR HYPERTROPHIED PROSTATE, WITH ILLUSTRATIVE CASES AND SPECIMENS.

A paper on this subject was read before the Mississippi Valley Medical Association, at Hot Springs, by Bransford Lewis and C. E. Burford, of St. Louis, in which the authors gave the following conclusions:

1. Prostatic cases, if correctly estimated and judiciously treated, are now among the most satisfactory that seek the aid of the surgeon.

2. Diagnosis, both accurate and comprehensive, is essential to the attainment of such success and satisfaction.

3. Not all cases of enlarged prostate produce obstruction.

4. Not all cases, even though producing obstruction, require operation.

5. Not all cases that are producing obstruction and do require operation demand the same operation.

6. Not all cases of prostatic obstruction are produced by enlargement or outgrowth; some are produced by definite contraction of the vesical neck, no hypertrophy being present. It is impossible to determine such conditions by palpating per rectum, only.

7. The retrograde cystoscope is the most serviceable aid attainable in determining these questions, in respective cases, hence its value in this work is inestimable.

8. Experience proves that neither advanced age, depression of health, nor disease of the heart or kidneys, debar the patient from the hope of operative relief. Operations reclaim many, even after they have suffered uremic attacks.

9. The longer required operative meas-

ures are postponed, the greater the likelihood of establishing spreading infections and renal involvement—conditions much less amenable to surgical relief than simple obstruction at the vesical neck.

10. Three weeks should be sufficient to demonstrate how much may be expected from palliative treatment, after which, any operative treatment necessary should be carried out as soon as possible. Delays are dangerous.

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Mississippi Valley Medical Association CONVENTION NOTES.

A. P. Schroeder was in charge of the elaborate exhibit of the McDermott Surgical Instrument Company of New Orleans.

J. A. Majors, representing the W. B. Saunders Publishing Company, was in the city several days in the interest of his firm.

The present meeting broke all previous records in point of the number of ex-presidents present, not less than fifteen being in attendance.

Dr. Z. N. Short of Hot Springs is being congratulated for the prompt and efficient manner in which he performed his duties as chairman of the registration committee.

G. A. Stainton, who represented the Eastman hotel management and had charge of the various exhibits, is to be complimented on the systematic manner in which he looked after the arrangements and avoided any embarrassing hitches in caring for the delegates.

The delegates to the Association are carrying away with them unique souvenirs of Hot Springs in the shape of a miniature bath tub manufactured by the Ouachita Pottery Company of native clay. On one side of the tub appears the directions, "externally, internally, eternally." On the other side appears the words: "Hot Springs, Nov. 6-8, 1906."

The official badge worn by the members is quite attractive and appropriate. It is composed of a stamped bronze, diamond shaped, bearing the words, "Arkansas, Hot Springs, Nov. 6, 7, 8, 1906." In center appears the monogram of the Association, underneath which are the words: "Founded 1875." The medalion is set in the center of a cross of red ribbon.

The doctors before leaving unanimously agreed that the hearts of all Hot Springs people beat true and that they all have a glad hand.

QUESTIONS ASKED BY THE STATE BOARD
OF MEDICAL EXAMINERS OF THE AR-
KANSAS MEDICAL SOCIETY

PHYSIOLOGY.

Dr. G. V. Poynor, Green Forest.

October 9, 1906.

1

During the absorption of Carbohydrates, in which set of blood vessels is the percentage of sugar the highest?

2

How may glycogen be caused to most readily disappear from the muscles?

3

What is meant by internal secretion?

4

Distinguish between internal and external secretion.

5

In choosing a diet for a child which is deprived of milk, to what inorganic constituent should special attention be paid?

6

Is the appearance of sugar in the urine a necessarily serious symptom?

PRACTICE.

Dr. M. L. Norwood, President, Lockesburg,

October 9, 1906.

1. Give diagnosis, treatment and prognosis of Bell's Palsy.

2. Give differential diagnosis Remittent Malarial and Typhoid Fever.

3. Give physical diagnosis and treatment Acute Lobar Pneumonia.

4. Give *Early* Clinical and Physical signs of Pulmonary Tuberculosis.

5. Differentiate Biliary Colic and Appendicitis and give *Medical* treatment of each.

6. Give Diagnosis, Treatment and Prognosis of Psoriasis.

7 Give time of appearance and description of Secondary Eruption of Syphilis.

8. Differentiate Gastric Ulcer and Carcinoma.

9. Give Diagnosis and Treatment of Laryngismus Stridulous.

10. Mention five conditions that totally disqualify for life insurance also some conditions that postpone acceptance for a limited time.

SURGERY.

Dr. J. P. Runyan, Secretary, Little Rock.

October 9, 1906.

1. Give differential diagnosis of fracture and dislocation.

2. Give different diagnosis of Appendicitis and Cheolecystitis and describe the treatment of each.

3. Describe Acute Osteomyelitis of the Femur and give treatment.

4. Differentiate between Asepsis and Antisepsis.

5. Differentiate between a compound fracture and a comminuted fracture.

OBSTETRICS.

Dr. B. L. Harrison, Jonesboro.

October 9, 1906.

1. What is pelvimetry?

2. What is the parturient canal? What structures compose it?

3. Name some of the diseases of pregnancy.

4. Name some diseases of the foetus.

5. Name some presentations in labor.

6. What is the exact period of pregnancy?

7. How would you stimulate labor pains?

8. How may the perineum be preserved during the second stage of labor?

9. When does the foramen ovale close?

10. Give methods by which nature terminates octopic pregnancy.

CHEMISTRY.

J. W. Meek, Camden.

October 9, 1906.

1. Give the chemical composition of sulphate of quinine.

2. What is the base in the above compound?

3. Name of the salts of quinine, a few used in the practice of medicine.

4. Would you prefer administering sulphate of quinine in an acid or alkaline mixture?

5. Would you administer the salts of strychnia with the iodides?

6. Is strychnia a mineral or vegetable substance?

7. For what poison is permanganate of potash an antidote?

8. Is it a local or systemic antidote to the poison referred to above?

ANATOMY.

Dr. Vernon MacCammon, Arkansas City.

October 9, 1906.

1. At what time in the development of the foetus are the eyelids formed?
2. Name the bones of the face.
3. How are joints classified?
4. Describe the facial artery.
5. Describe the sciatic nerve.
6. Describe the stomach.
7. Name the muscles of the fore-arm.
8. Describe one of the above.
9. Describe the pancreas.
10. Describe the eyeball.

MATERIA MEDICA AND THERAPUETICS.

Dr. F. T. Murphy, Brinkley.

October 9, 1906.

1. What is the difference between an organic and an inorganic drug?
2. What is an Alterative? Name the two most prominent and describe the alterative action of each.
3. Name the most efficient Anodyne, and state why it is the most efficient.
4. From what is Salicine derived, and what is its physiological action?
5. Is Digitalis a diuretic; if so in what way does it act as such?
6. What is an Antipyretic? Name several and state which you consider the safest.
7. Would you use Norwoods Tr. of Varatrum Verid, hypodermically; if so for what indication, and state dose if so administered.
8. What precautions would you use in the administration of any drug hypodermically? itaolly?
9. In the administration of iron, how is it absorbed and how eliminated?
10. Strichnia poisoning is similar to what disease, and how would you distinguish them?

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Dr. King, of the U. S. Public Health and Marine Hospital Service, who has been in Montana studying the manner of infection of spotted fever, states that he has confirmed the theory of the agency of ticks in transmitting the disease, having succeeded in inoculating animals in this way.

PROGRAM

Of the Fifth Semi-Annual Meeting of the Third District Medical Society of Arkansas, Held At Marianna, Arkansas, October 10, 1906.

WEDNESDAY, OCTOBER 10.

FIRST SESSION—10 A. M.

- Call to order.
Roll Call.
Reading of Minutes of Last Meeting.
Address of Welcome.
Response.
- President Horner, Helena.
Hon. H. F. Roleson, Marianna.
1. Report of Two Surgical Cases.
G. E. Penn, M. D. Marvell.
 2. Report of Cases of Psoriasis.
W. R. Haynie, M. D., Haynes.
 3. Report of Case of Round-Celled Sarcoma of Parotid; Operation.
A. A. McClendon, M. D.
Marianna.

4. Paper.
Sam A. Southall, M. D.,
Lonoke.
5. Puerperal Eclampsia.
J. J. Frey, M. D., Park Place.
6. Report of a Case of Infantile Scorbutus with Notes on Same.
W. H. McKie, M. D.,
Cotton Plant.
7. Injuries to the Head; Report of Cases.
J. O. Rush, M. D., Forrest City.

SECOND SESSION—2 P. M.

8. Problems and Duties in Relation to Malaria.
Wm. Krauss, M. D., Memphis.
9. Acute Endocarditis as a Cause of Continued Fever.
O. S. McCown, M. D., Memphis.
10. The Prevention of Chronic Otitis Media Purulenta.
Richmond McKinney, M. D., Memphis.
11. Infectious Diseases of the Bones and Joints.
E. M. Holder, M. D., Memphis.
12. Some of the Kidney Lesions That Are Amenable to Surgical Aid.
J. A. Crisler, M. D., Memphis.
13. Hymenolepsis Nana; Report of Four Cases. Hymenolepsis Diminuta; Report of a Case.
Wm. H. Deaderick, M. D., Marianna.

THIRD SESSION—8 P. M.

Call to Order.
Unfinished Business.

Miscellaneous Business.
Election of Officers.
Announcements.
Adjournment.

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PROGRAM FIRST ANNUAL MEETING.

Of the Medical Association of the Southwest,
and Joint Meeting with the Southwest Tri-
State Medical Association Held at Oklahoma
City, Oklahoma, Tuesday and Wednesday,
October 30 and 31, 1906.

Main Hall, Chamber of Commerce Building.

OCTOBER 30—9 A. M.

Calling Association to order by the Presi-
dent.

Invocation, Rev. Henry Alford Porter, D.
D., Oklahoma City.

Words of Welcome from the City by Dr.
Messenbaugh, Mayor of Oklahoma City.
From the Profession of Oklahoma City,
Dr. L. Haynes Buxton, Oklahoma City.

RESPONSES:

From the Tri-State Association of the
Southwest, Dr. G. W. West, Pres. Eu-
faula, I. T.

From the Medical Association of the
Southwest, Dr. Jabez N. Jackson, Kan-
sas City, Mo.

The President's Address.

Appointment of Committees.

Report of Executive Committee.

Adjourn to 8 p. m.

Address, "The Borderland of Insanity in
Its Clinical Aspects."

Dr. Jno. Punton, Kansas City, Mo.

Adoption of Constitution, etc.

OCTOBER 30, 1906—1:30 P. M.

SECTION ON GENERAL MEDICINE.

Suite 32, Chamber of Commerce Building.

Dr. J. D. Bolton, Eureka Springs, Ark.,
Chairman.

I. Address by the Chairman.

II. Syphilis: Hints as to treatment.

Dr. C. T. Drennen, Hot Springs, Ark.

III. Appendicitis. Dr. A. J. Vance, Har-
rison, Ark.

IV. Gastric Disturbances as Diagnostic
Evidences of Disease. Dr. C. H. Pow-
ell, St. Louis, Mo.

V. Dermatology.

Dr. Halsey M. Lyle, Kansas City, Mo.

VI. Some of the Western Types of Dis-

eases. Dr. W. F. Sawhill, Concordia,
Kansas.

VII. Diet in Gastric Disorders. Dr. Geo.
H. Hoxie, Kansas City, Kansas.

VIII. The Motor Function of the Stom-
ach. Dr. J. A. Hatchett, El Reno,
Oklahoma.

IX. Diseases of the Myocardium. Dr. O.
L. McKillip, Kansas City, Mo.

X. Diphtheria. Dr. J. L. Campbell, Wa-
tonga, Oklahoma.

XI. Benefits derived from Climatic
Changes in Young Children. Dr. E.
J. Neathery, Sherman, Texas.

SECTION ON SURGERY.

Suite 33, Chamber of Commerce Building.

Dr. J. E. Gilcreest, Gainsville, Texas, Chair-
man.

OCTOBER 30, 1906—1:30 P. M.

I. Address by Chairman.

II. Actinomycoses of the Tongue. Dr.
Geo. M. Gray, Kansas City, Kansas.

III. Malignant Neoplasm of the Testicle.
Dr. W. D. Basham, Wichita, Kas.

IV. Report of the operative work for en-
larged Prostates, with illustrative
specimens. Dr. Bransford Lewis, St.
Louis, Mo.

V. Surgical Treatment of Kidney Crises,
Dependent on Inflammatory Lesions.
Drs. Howard, Hill and A. E. Hertz-
ler, Kansas City, Mo.

VI. Surgical Drainage, with report of a
case. Dr. V. Berry, Wetumka, I. T.

VII. (a) Appendicostomy. (b) Internal
Hernia. Dr. A. L. Blesh, Guthrie,
Okla.

VIII. Appendicitis, Its complications
and how to Prevent Them. Dr. J. P.
Runyan, Little Rock, Ark.

IX. Appendicitis. Dr. A. C. Scott, Tem-
ple, Texas.

X. Cholecystenterostomy with report of a
case and Discussion of its indications.
Dr. Jno. T. Moore, Galveston, Texas.

XI. Osteosarcoma of the Long Bones
with Report of Cases of the Femur
Humerus. Dr. Bacon Saunders, Fort
Worth, Texas.

SECTION ON EYE, EAR, NOSE, AND THROAT.

Suite 34, Chamber of Commerce Building.

Dr. H. L. Alkire, Topeka, Kansas, Chair-
man.

I. Address by Chairman.

II. Eye Complications of Nephritis. Dr.

E. E. Hamilton, Wichita, Kas.

III. Mastoid Surgery. Dr. H. Coulter Todd, Oklahoma City.

IV. Ophthalmic Neuroses of Menstrual Origin. Dr. R. E. Runkle, El Reno, Okla.

V. The use of Lead Styles in treatment of strictures of the Nasal Duct. Dr. H. Moulton, Fort Smith, Ark.

VI. Adeneoids. Dr. F. Vinsonhaler, Little Rock, Ark.

VII. Report of an Ear Case. Dr. E. S. Ferguson, Oklahoma City.

VIII. Atrophic Rhinitis. Dr. Jas. E. Logan, Kansas City, Mo.

IX. Some Phases of Eye Work. Dr. A. W. McAlester, Kansas City, Mo.

X. Sympathetic Ophthalmia. Dr. Edmund H. Cary, Dallas, Texas.

XI. Paper. Dr. John R. Hamill, Guthrie, Okla.

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BANQUET.

**Tendered to the Third District Medical Society
Of Arkansas by Lee County Medical Society,
At Marianna, Arkansas, October 10, 1906.**

Manhattan Cocktail.

Bouillon. Crackers.
Oysters. Olives. Celery.

Rhine Wine.

Asparagus Patties.

Barbecued Chicken. Tongue. Ham.

Tomato Jelly. Beaten Biscuit.

Creme de Menthe Punch.

Shrimp Salad.

Tutti-Frutti Cream. Cakes.

Coffee. Neufchatel Cheese. Salted Nuts.

Champagne. Cigars.

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PROGRAM

Pulaski County Medical Society, October 29.

M. D. McClain.....Malarial Hematuria
November 12, 1906.

J. R. & J. L. Dibrell and James K. Thibault. Report of Mosquitoes in Little Rock and Vicinity. Illustrated by waxed models, etc.
November 26, 1906.

A. E. Harris.....Some Sins of Omission
December 10, 1906.

J. P. Sheppard.....Syphilis
December 24, 1906.

C. C. Stephenson.....Diphtheria

DR. BILLING'S FEE.

There seems to be considerable newspaper criticism in reference to the fee received by Dr. Frank Billings, of Chicago, for his attendance upon the late millionaire, Marshall Field. It must be remembered that Dr. Billings is one of the leading physicians of the United States, if not of the world. Although not a surgeon, his great learning and large experience and intellectual worth generally merited the highest recognition that the profession of the United States could bestow upon him, and elected him as president of the American Medical Association. It must not be forgotten, also, that Dr. Billings numbers among his patients quite a number of millionaire families; that he really could not leave Chicago to go to the bedside of Marshall Field without considerable sacrifice of time and loss of patients, who would necessarily be compelled to seek relief from other physicians; and in view of the position occupied by Dr. Billings, coupled with his recognized ability as a physician, the fee that he received is not really any more than should be paid to a man of like attainments. especially when it is taken into consideration that the \$25,000 fee paid by millionaire Field is nothing as compared with the smaller fee paid by one less able to pay. Then, again, Dr. Billings' patrons would naturally expect that he charge a good, round fee for serving in a case where the patron was as able to pay as Mr. Field. In other words, a physician is supposed to charge his patrons not only for services rendered, but the fee must be somewhat regulated by the patient's ability to pay. Dr. Billings has done this and his fee is not too high.

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SOMNOS.

In a recent issue of the Journal of the American Medical Association, the Council on Pharmacy and Chemistry says that this drug put up by H. K. Mulford Co., is nothing more nor less than a simple solution of chloral hydrate and glycerin; and that it really responds in results to a 5 per cent elixir of chloral hydrate. Thus we see the fruits that are being borne by our Council on Pharmacy and Chemistry. Let the good work go on.

COLLEGES OPEN.

The College of Physicians and Surgeons, Memphis, opened October 1. Prof. Rhea P. Carey made the opening address and Dr. Heber Jones acted as master of ceremonies.—Memphis Hospital Medical College opened for its twenty-seventh annual session, October 1. Dr. Frank Jones has been selected to fill the chair of clinical medicine and diseases of the chest, vice Dr. Dudley D. Saunders, resigned.—The University of Tennessee, Nashville, opened October 1. Dr. Guffin W. Bull delivered the opening address on "Appreciation, Application and Addition." Dr. E. M. Sanders has been elected assistant to the chair of gynecology and placed in charge of the anatomic library.—The University of Nashville opened October 1. Dr. W. G. Ewing, dean of the university, delivered the opening address, and an address was also made by Dr. Hugh Paggett, the recently elected professor of medicine.—The Medical Department of Grant University, Chattanooga, opened October 3. Among the new members of the faculty are Dr. J. McChesney Hogshead, instructor in anatomy; Dr. Darius N. Barrett, instructor in neurology; Drs. Joseph W. Johnson and J. B. Fields, assistant to the chair of practice of medicine, and Dr. William A. Duncan, assistant to the chair of surgery.

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MEDICAL COLLEGES.

The Medical Department of Fort Worth University opened for its thirteenth annual session, in its new building, October 2. Dr. Frank Gray, dean of the department, presided.—The College of Physicians and Surgeons, Dallas, opened for its fourth annual session October 1.—The Medical Department of the University of Texas, Galveston, opened for its sixteenth annual session October 1. Dr. J. F. Y. Payne, professor of obstetrics and gynecology, delivered the opening address.—The Southwestern University Medical College, Dallas, opened for its fourth annual session October 1, in its new building.—Baylor University College of Medicine, Dallas, began its sixth annual session October 1. in its temporary quarters at the Good Samaritan Hospital.

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Dr. H. E. Thomason of Siloam Springs and Miss Margaret Hawkins were married at the home of the bride's parents at Shreveport, La., November 6.

INSURANCE NOTE.

Our attention has been called to the position assumed by two physicians doing a lot of practice in their section; one taking an active part in County and State Society work. A life insurance agent called upon one of these gentlemen, requesting him to make his examinations. He told him that he would be very glad to do his work; but it would be with the explicit understanding that a fee of \$5 would be exacted for each examination. If his Company was not willing to pay \$5 the agent would have to make good.

Baffled in his undertaking the agent then called upon the doctor's competitor. He was astounded at receiving practically the same information. I was called upon as Secretary of the State Medical Society to say what could be done with a physician who would refuse to do work of this character when called upon. It was our great pleasure to reply that nothing could be done, only to pat them on the back and say, "Well done."

We only wish that every member in Arkansas would do as these two gentlemen have done, "resolute" that they will make no examinations for less than \$5.

In this connection we wish to say that we know of quite a number of physicians in our State who are getting \$5 for every examination they make, because their county societies have passed resolutions to this effect; while members of adjoining county societies that have not passed these resolutions are only receiving three dollars. The trouble is we are unjust to ourselves.

We are certain that as a Society, at our next meeting, our House of Delegates will settle this question definitely one way or the other, and not throw it upon the County Societies to do as they please.

The other States are falling in line very rapidly, and passing resolutions that as a State organization they will make no more examinations for less than \$5. The way the matter stands now our Society has the appearance of being afraid to assume the responsibility of taking the lead in this matter, leaving the County Societies to act as they see fit; in other words, we say to the County Societies, if a mistake is made, you make it. Does it not look like a parent backing down and working their child in the lead?

THE NEW CAMPAIGN AGAINST THE A. M. A.

The Texas medical profession should be alive to the change of base among the enemies of the American Medical Association. These opponents consist mainly of privately owned journals, the Proprietary Association of America, some pharmaceutical manufacturers who pursue questionable methods, and the owners of a profitable medical directory. This enumeration betrays their community of interest.

During the year past opposition to the new activities of organized medicine has been conducted with great publicity. Some privately owned medical journals have filled their columns with criticism, misrepresentation and ridicule, even stooping so low as to engage in pusillanimous attacks on the ability, character and personal life of some of the A. M. A. officials. The Proprietary Association, through its Chicago publicity bureau, has filled the newspapers with nostrum arguments, mailed broadcast their seditious literature, much of which was against the American Medical Association, and sent, free to leading members of the medical profession, the *American Medical Journalist* with its collection of caricatures, tirades and venomous clippings. This work has been crude, the campaign of a clumsy tactician; its manifest aim and glaring self-interest but served to unite rather than divide professional sentiment so that the Boston session was marked by the greatest enthusiasm and unanimity in the history of American medicine.

Now there is to be a new campaign, with new methods and new weapons. Members of the Association itself who have been jostled in the readjustment are to be the new agents; the disruption of the present efficient management is the new method; criticism, misrepresentation, destruction of personal and official influence, appeal to prejudice, and covert plots for a new regime and new officials are the weapons.

It is significant that the new activity should begin at Detroit, the origin of the Walker resolution, where pharmaceutical manufacturers, privately owned journals and profitable medical directory interests are centered. From Dr. J. H. Carstens, of Detroit, comes a letter of inquiry, couched in the language of diplomacy, but asking explanations as to the briefness of the report of the Board of Trustees, why salary lists were not printed, how much Dr. McCormack was paid, why the trustees opposed a committee of investigation, why members were to be overcharged for the

directory and for reprints, why the Association should accumulate money, etc. The whole argument rested on the insinuations embodied in the questions, and reminds one of the lawyer who demanded of the witness, "Answer me, sir, yes or no! Will you stop beating your wife?"

This letter and its calm, comprehensive and kindly reply, by Dr. Happel, President of the Board of Trustees, appears in the *Journal of the A. M. A.* for September 1 and should be read by all who desire to know the truth, and especially by those who have the slightest suspicion that the National Association is conducted in any partisan, narrow or questionable manner.—Texas State Journal of Medicine.

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WILL YOU BE GOOD?

In the October issue of the *Southern Clinic* of Richmond, Va., Dr. C. A. Bryce, editor and proprietor, we notice the following:

DECENTLY LAID ON.—The editor of the *New York Medical Record*, in his issue of September 22, castigates the Ananias of the *Journal of the American Medical Association* in choice, chaste and caustic style, characterizing him as one with Just Enough of Learning to Misquote. It does seem to us that small (per)simmons would be safer sticking to their own bush—but fools rush in and get caught likewise!"

The above squib, emanating from the *Southern Clinic*, repudiating and calling Dr. George H. Simmons the Ananias of the *Journal of the American Medical Association*, to say the least is not very dignified, and the editor of the *Medical Record* likewise shows very little journalistic courtesy due from one editor to another. The idea of the *Medical Record* allowing the implication that Dr. Simmons "has just enough of learning to misquote." is as fallacious as it is unwarranted. There is no choice, chaste, or caustic style in such characterization.

As to the editor of the *Southern Clinic*, it rather strikes the *Journal of the Arkansas Medical Society* that in keeping with the eternal fitness of things, it would be better for him to keep mum about the small (per)simmons being safer stuck to their own bush. It seems like Dr. C. A. (B) Ryce has also "rushed in." Dr. (B) Ryce should remember that a rice head would be safer sticking to its own (slender) stalk.

ONE DUTY OF THE PHYSICIAN SOMEWHAT NEGLECTED.

In speaking on this subject perhaps we may be criticised by saying that we are making an endeavor to tell something that everybody knows. Be that as it may, this is a duty that is neglected by quite a number of physicians. The duty that we wish to call attention to is this: how many of the doctors who have the care of families among their patrons, have explained to the intended father what care and consideration is due to the wife of his choice during a critical period? How many doctors have advised an intended father to bestow all consideration, affection, patience, gentleness, kindness and tenderness on the woman during this period, when she is going through an ordeal that none but her sex can realize or understand anything about? I maintain and aver that it is the duty of every physician who has engaged to wait upon a case of this character to give every instruction that is necessary for the comfort and welfare of the expectant mother; and the advice to be given is more needed by the intended father than by the expectant mother. The intended mother needs very little advice, except in the way of directions; but the intended father needs to be enlightened upon conditions as they really exist. He should meet them in such a way as will be productive of comfort and happiness. Shall I say health? Yes, I will; because at this critical period the ordeal plays upon every nerve possessed by the female sex. It is an absolute necessity for the nervous system to remain quiescent and never be put upon such tension or strain as will cause a breakdown, or the train of ills that follow nervous distress. A careful breeder will see to it that the intended mother of stock has every consideration; that the unruly male is not allowed where damage can be done. What may be expected from an impulsive man, from a high-tempered man, from the man, who is fractious, from the man who drinks, from the man in any condition who does not live right in the home during a period like this? Should he be allowed to trample and transgress upon the laws which govern and control during the period of gestation? Should he be allowed to have no care or consideration for his wife's feelings? Should he be allowed by his unkindness, or by his violent temper or anger to shape the destiny of his unborn? Paternal influences are

transmitted to the offspring just the same as maternal impressions. The careful stockbreeder sees to it that his stock has every consideration. Should not the expecting father have as much care of his unborn offspring and for the wife who is undergoing such an ordeal, as the man who would look after the ordinary cow? Our penitentiaries, our jails, our courts, are filled daily with a class of people whose tendency and love for vice and general characteristics of meanness, of all-round downright cussedness come from the same source. Where else can the source be traced? It must have one of two origins: either with the paternal or the maternal. True, it may be handed down from generation to generation; but, as a rule, the offspring partakes of the maternal impressions or the paternal impressions much more than it does from ancestors who are dead and gone, as impressions die out with generations. The maternal impressions for meanness are very few as compared with the paternal. So few that it would be an injustice to the female sex to take into consideration the mean characteristics on the descendant as compared with those of the paternal. Who is to blame for these conditions and disturbances as they exist? Shall the ignorant father be charged with the conduct towards his wife during a period of this kind, when he has absolutely no enlightenment? Yes. Shall the physician be charged with not instructing him along this point? Yes. No man should act in his household in an unbecoming manner during a period of this kind. He should not be coarse and rude at any time for that matter, but during this period he should be told by his family physician, and upon both father and mother should be impressed the necessity for an even tempered life during that period. The husband should be told and impressed with the importance of all the points such as have been mentioned and the consideration that due the expectant mother. In fact, his general demeanor of life and conduct towards his spouse should be markedly better at this time than at any other.

How many physicians take upon themselves the time and trouble to teach those who need instructions along this line? When you neglect to do this, are you not responsible? It is time for us to leave alone the one idea of filling our coffers with dollars and look upon the moral side of our obligations. This is one duty that we owe and we

should not fail to discharge it whenever an opportunity presents. The trouble with most of us is that we never attempt to leave off chasing dollars to attend to these professional obligations.

Brother, doctor, leave off the mad financial side of professional life when you can discharge the moral obligation that rests upon you. The mothers will some day rise up and call you blessed; while posterity, knowing of your goodness, may lay a flower on your grave moistened with a tear.

—X—

OUR TRAVELING REPRESENTATIVE FRIENDS.

There is no one with whom the busy practitioner comes in contact from whom he gains more information, while going through the routine of every-day practice, than the representative of a reliable medical house, one who is alive and strictly well informed on the manufacturing details of the product put out by his house. Such an one, calling on a physician, is prepared to give him information concerning pharmaceuticals that he cannot get out of text books, nor learn in post-graduate schools, nor hear from the lecturers in our various medical colleges.

These details of the manufacture of the various products that we prescribe daily may not seem so important upon first thought, yet it is a necessity that physicians know how our anti-toxins are prepared and how our vaccine is prepared. How many of us know the method of manufacture of any of our pharmaceuticals? We have all read the story of the manufacture of antitoxin and vaccine, but how many of us know the method of the manufacture of some of the everyday remedies that we prescribe? How many of us know the method of manufacture of some of the everyday remedies that we prescribe? How many of us know the methods of standardization? How many of us know the test to find out whether a medicinal plant is fit to enter into the composition of a finished product? How many of us now whether mineral bases or medical qualities are necessary to produce finished products of given strength?

These we all get from the representative who takes the time to enlighten the physician. Is not this much better than to have the traveling representative come in and regale you with his products, examine your

patients, do your prescribing, with the assurance that his remedy is the only remedy.

The first-class of traveling representatives herein mentioned are the ones who are always welcome. As a rule the practising physician is always glad to see such an one. He always meets with a hearty handshake, with a cordial reception, and is shown every courtesy due one following his vocation. Such a traveling representative always makes friends, for his house and for the products of his house, and as a rule he increases the sales and has good trade. His trips are looked forward to by physicians and any point that may be overlooked at one visit is generally remembered to be brought up at another.

The latter class of representatives are not welcome in the office of a busy physician, from the simple fact that they try to take the time of the doctor, assuring him that they have a new and definite chemical, when the truth of the business is, they have simply a mixture, which has no more merit than an ordinary prescription written by a physician and prepared by a local druggist.

The sooner the physician distinguishes between these two classes of traveling representatives, the less time he will throw away on one class, and the more time he will cheerfully give to the other. The more he learns from the one, the more he will cut short the visit of the other.

There is a way to treat these people without being discourteous; yet let them understand that you have a head and that there is something in it; that you are capable of putting up a prescription suitable for your case and equal to that prepared by their house.

Understand, I don't mean that the local drugstore is well qualified to put up one single prescription as perfectly as a manufacturing chemist who has prepared a mixture by the barrel. But there is one thing sure—the doctor is not robbed of his individuality by having such a mixture palmed off on him, in lieu of his own prescription as prepared by the local druggist.

Another thing, he feels that he has common sense enough to make his own prescriptions when he refuses to allow the traveling representative to do his prescribing. In other words it adds a little more starch to his backbone when he gives these people to understand that he has the ability and the

confidence in himself to do his own prescribing.

Gentlemen of the profession, don't rely on prepared prescriptions to do your practice. There are many, many compounds that have decided merit, that no physicians will make a mistake in using; but to get into the routine habit of prescribing the prepared prescriptions without relying upon yourself, without examining your patient and making application of a remedy as is best to his case, according to your own ideas of his case, is not doing yourself justice; neither is it doing your patient justice. You are only adding dollars to the coffers of the multiplied numbers of manufacturing houses who are preparing no better compounds than you can prescribe and have your local drug store put up for you.

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THE MEDICAL KNOCKER.

There is no profession nor vocation in the walks of life but what has its knockers. When it comes to medical organization there are knockers galore. We suppose that each county society can look over the professional field in its vicinity and find medical knockers inside of the society who pose as members for the sake of being members in name only, and not from an honest desire to better conditions as they exist. It chanced to be our experience one day recently to come in contact with one of these strange composite characters, a fellow who cared naught for his brother practitioners, and, seemingly only cared to rock along in the channel, and rake in the shekels, regardless of the medical organization that existed in his county, and regardless of the county society work being done by his brother practitioners.

When asked something in reference to the county society work, he said: "Doctor, I don't care anything at all about the medical society. I never attend the meetings. I pay my dues and let those that enjoy keeping up a medical society go ahead. They never bother me, nor do I ever bother them."

I asked him if he didn't think that he owed something to the medical profession, as well as to his patrons. He said his patrons were all satisfied with his practice so far as he knew: that he had as good success as any one else did: he didn't know that he could better himself by attending his society. This indeed, was a reflection on the work done by his County Society: but it showed a

disposition on his part to be willing to go along in the same old rut, taking his patron's money without giving them any adequate return in the way of the best service that he could possibly render.

Is it the fault of the County Society in not making their meetings more interesting to this character of man? Is he so strangely constituted that he would not attend and kind of meeting regardless of the program? Our opinion is that he might be termed a medical knocker. A man whose standing room in a county medical society would be worth more than his presence. This man can see no merit in any effort that is being made to further the interests of organized medicine. He can see no good in anything except the little sphere in which he lives. What should be placed on this man's tombstone? As a suitable epitaph, an epitaph that would do him full justice, we suggest this:

Here lies a medical knocker,

Whose only purpose was to knock;

Always an ethical mocker,

His timely demise caused no shock.

—X—

BRITISH MEDICAL.

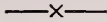
Twenty-two hundred delegates and visitors registered at the Toronto meeting. This number had been exceeded only once before in the history of the Association, in London, in 1895. where the attendance was 2,800. Besides those from the British Isles, India, Australia, South Africa, New Zealand and Tasmania were represented, one delegate having traveled a distance of 10,000 miles. About five hundred registered from the Provinces and as many more from the States. The scientific work embraced thirteen sections. An extensive tuberculosis exhibit, a pathological museum and other instructive features, were arranged in the different University buildings, which were perfectly adapted for the purpose. The pharmaceutical exhibit was one of the finest we have ever seen, if not the most extensive.

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At the meeting of the Association of Military Surgeons, held in Buffalo recently, it was announced that the Enno Sanders prize had been awarded to Major Pilcher for an essay on "The Training of the Medical Officer of the State Forces to Best Qualify Him for Local Service and for Mobilization with National Troops."

TYREE'S ANTISEPTIC POWDER.

The Journal of the American Medical Association summarizes the report of the Committee on Council on Pharmacy and Chemistry, and states that in view of the fact that J. S. Tyree has been making an antiseptic powder under a formula, which a preceding report has shown to be a deliberate misrepresentation of the facts, it is recommended that this article (Tyree's) be refused recognition by the Council.

**ITEMS AND NOTES.**

An international committee for the organization of tours of medical study and observation has been founded. The president is Professor Kossmann, of Berlin.

On motion of M. Roussel, the Municipal Council of Paris has just decided to recommend the creation in the Faculty of Medicine of a chair of oto-rhinology-laryngology.

The New Jersey State Board of Health has traced the recent outbreak of typhoid fever in Trenton to the milk supply, and has announced that several dealers are to be prosecuted.

The Sultan has authorized the opening of a subscription for the funds necessary to construct a maternity hospital in Constantinople, and has started the collection with a liberal donation.

Dr. Alexander Hugh Ferguson, of Chicago, has had conferred on him by the King of Portugal a Commandership in the Order of Christ of Portugal, in recognition of his contributions to surgery.

Professor Pozzi, of Paris, has been presented with a gold medallion portrait by the sculptor Chaplain and a memorial volume of researches by his former students, on the occasion of the twentieth anniversary of his work at the Broca Hospital.

The International Congress of Dental Surgeons, which was held in Geneva in the early part of August, passed resolutions urging the co-ordination of the legal requirements for dental practice in all countries, and the institution of an inquiry into the value of diplomas granted by various schools of dental surgery. The congress further passed a resolution insisting on the importance of mechanical instruction as a supplement to theoretical teaching.

The Mexican government has offered three prizes, each of the value of \$20,000, for (1) the discovery of the typhus fever germ; (2) the mode of its transmission to man; (3) a successful preventive or curative serum or other effectual remedy. Communications should be addressed to the secretary of the Medical Academy, Dr. Cosio, Ortega 9, Mexico.

The public bath commissioner of St. Louis has called upon the Board of Health for statistics showing which are the special centers of tuberculosis in the city, as he believes the baths should be established first in those districts. In four of the seven sanitary districts the number of cases reported for the past year ranged from 260 to 271, and in the remaining three from 192 to 249.

A special dispatch to the New York Times states that an inquiry made regarding the use of trypsin as a cure for cancer in the London hospitals has elicited unfavorable reports. The London Cancer Hospital has discontinued the use of the remedy, the surgeon having failed to obtain any beneficial results from it. In some hospitals the experiments are still proceeding, but apparently without expectation that they will result otherwise than have the tests at the Cancer Hospital.

As a result of conferences between the States of New Jersey, Michigan and Ohio, formal agreements for reciprocity in medical licensure have been entered into between those States and New York. The basis upon which reciprocity obtains is a license earned on examination in any one of them. The candidate for indorsement of a medical license must present credentials from the officials of the State board of medical examiners which licensed him, showing that at the time of such application he was a reputable practitioner.

The Simon Fund of \$25,000 for the furtherance of research on syphilis has been divided between Professor Neisser, of Breslau, who receives \$20,000, and Dr. J. Siegel, who receives \$5,000. Dr. Lesser has been awarded \$1,500. The trustees of the Pettenofer Fund, at a meeting recently held at Munich, unanimously awarded the prize founded in memory of the great hygienist to Dr. Schaudinn for his discovery of the parasite of syphilis. The amount has been paid to Dr. Schaudinn's widow.

Prof. Salvatore Tomaselli, the Nestor of clinical teachers in Italy, died on August 1. He received his medical education at Naples, and began to teach as a private lecturer on medical diagnosis at Catania in 1857. About 1860 he began to collect the observations which led him ultimately to the identification of the form of quinine-malarial intoxication which is now known by his name. After acting for a number of years as professor of medical pathology, he was, in 1880, appointed professor of clinical medicine in the University of Catania. His great popularity as a teacher was shown in 1902, when the completion of his forty-fifth year of teaching was celebrated with immense enthusiasm by his pupils and colleagues.

A year or two ago the establishment of the Empress Marie Feodorovna prizes for military medical aid was announced in the Journal of the Association of Military Surgeons. In the forthcoming Red Cross Convention of 1907 these prizes will be awarded for the first time, and it is hoped that American inventors will be active in competition. It is announced that the central committee of the American National Red Cross will receive and forward, at its own expense, the plans, models, etc., of competitors, provided they meet the approval of a sub-committee, which will be appointed to pass upon them. Any competitor who prefers, however, may forward his invention direct to the jury. Correspondence concerning this question is invited by the American National Red Cross, War Department, Washington, D. C.

According to the Australasian Medical Gazette, the following is the method of inspection of meat in Queensland: All meat for home consumption is inspected under the slaughtering act, and all export meat is inspected under the live stock and meat export act. In both cases the meat can be traced back to the station from which it came; there is no possibility of diseased meat being consumed. Heavy penalties are provided for selling meat which has been condemned. Each case of preserved meat carries a label certifying to its wholesomeness, while each carcass carries a tag. In addition to this, the inspectors see that all condemned meat is consigned to the boiling-down pots. It is officially stated that there has never been an attempt to evade the provisions of the act, and that on the contrary the companies are glad to co-operate with the government in

putting a good article on the market, in the full assurance that any cause for complaint would react disastrously on their business.

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NOTES.

WASHINGTON, D. C., is suffering from an epidemic of typhoid fever.

ACCORDING to the bureau of health of Pittsburg, typhoid fever is increasing in and around that city.

A MEMORIAL tablet was recently unveiled at Pavia, Italy, to the memory of the late surgeon, E. Bottini.

DR. ROBERT M. O'REILLY, who has served one term as surgeon-general, has been appointed for an additional term of four years.

THE Roumanian government has introduced a bill prohibiting the marriage of persons suffering from incurable syphilis, consumption, or epilepsy.

DR. LAPONI, physician to the Pope, is reported to be seriously ill, and it is stated that Dr. Mazzoni has made the diagnosis of inoperable cancer of the stomach.

THE number of students on the books of the Imperial University of Tokyo in the academic year 1905-6 was 4,517. Of these 641 belonged to the Faculty of Medicine.

THE International Conference on Tuberculosis was, by invitation of the Netherlands Association for the Prevention of Tuberculosis, held this year at The Hague, on September 6, 7, and 8.

It is announced by an exchange that \$31,006 has been raised for the erection of a Roman Catholic hospital in Waterbury, Connecticut, and that the site for the institution has been purchased.

DR. POLLITZ, physician to the lunatic department of the public prison in Munster, Prussia, has been appointed governor of the prison. This is said to be the first appointment of the kind in Germany.

THE Chicago health department has noticed, says an exchange, a serious increase in typhoid fever. due it is believed to milk contaminated by polluted water, used in washing the cans and other receptacles. The department has closed one infected milk depot and has excluded the milk from two dairy farms, pending examination.

THE Austrian Ministry of Education has issued an order establishing a service of medical inspectors for elementary schools. They are to look after the health of the children, and note their development. The remuneration is at the rate of 40 crowns a year for each class.

THE American Surgical Trade Association announces that at a meeting held in Philadelphia, June, 1906, it was resolved that in order to secure uniformity, after January 1, 1907, the trade adopt the French scale for all catheters, bougies, and sounds. Physicians are requested after that date to use only the French scale in ordering such articles.

THE TRI-STATE MEDICAL SOCIETY CHANGES ITS NAME.—At the annual meeting of this society held at Chattanooga, Tenn., on October 2-4, the society was dissolved by its own action and a new organization was formed which will hereafter be known as the *Southern Medical Society*. The old organization embraced Tennessee, Alabama and Georgia. To these States have been added Kentucky, Mississippi, Florida and Louisiana, and the intention is to embrace members of the profession in the other Southern States. The election of officers resulted as follows: President, Dr. H. H. Martin, Savannah; vice-presidents, Dr. Mack Rogers, Birmingham, Ala.; Dr. J. B. Cowan, Tullahoma, Tenn., and Dr. J. R. Tackett, Meridian, Miss.; secretary, Dr. Raymond Wallace, Chattanooga; treasurer, Dr. Y. L. Abernathy, Chattanooga.—*Exchange*.

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COPY OF LETTER FROM DR. BRADLEY TO THE CONSTITUTION.

Publishers Atlanta Constitution, Atlanta, Ga.:

Gentlemen—Sometime ago I read a clubbing "ad" offer entitled "Big Four Bargain" in Southern Ruralist. One was the Atlanta Constitution—a paper which I have loved from my youth for its lovable characters, notably, Bill Arp, Sarge Plunkett, Uncle Remus, F. L. Stanton, Betsy Hamilton, et al. I accepted the offer. On receiving my first copy of Constitution, words cannot describe my chagrín and surprise! What a transformation! Page after page where it seems the story of Bre'er Fox and Bre'er Rabbit or something of Plunkett and Brown, should have met my eyes, I found the space almost completely occupied by nasty adver-

tisements of the rankest frauds. The dear old paper! Why, what's the matter? Yankee tricks of all kinds advertised to our dear confiding Southern folk? My wife was first to make mention of it. She said it was full of filthy advertisements and unfit for children to read or to look at the pictures. She referred to the Rupture, Women Cure-all, Kidney Cure-all advertisements and the vulgar language and pictures. And all this in our once loved and should-be Southern banner paper, for us and our children and neighbors to read and to look at, and to "gulf" us out of our hard earned dollars! For what the Constitution says is law and gospel to many of us, for we can see no difference in an editorial and a paid for advertisement. So we confidently "take the cork under" and are soon parted from our coin by the Gold-mine fraud, cure-all scheme or the free tea-set racket. And on and on. That the most of these are the rankest of frauds, seems not to be doubted by any one with a thimble full of sense, but some of us haven't even that much. The idea is, if the Constitution Democrat, or Free Press, or some of our favorite papers print anything it is truth, law and gospel.

I am a very humble physician and count but one in number and my wife makes two, who care nothing for the Constitution as it is now, so kindly ask that you discontinue its visits to us.

Respectfully yours,

WM. T. BRADLEY, M. D.

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STATE BOARD EXAMINATION.

The State Medical Board, Arkansas Medical Society, announces that out of 28 applicants for license to practice medicine, 22 passed, as follows: J. F. Ashcraft, White Oak; M. A. Atkinson, Eureka Springs; Keating Baudy, Little Rock; Seay Bagley, McKamie (colored); Montrose W. Clarke, Eureka Springs; T. C. Guthrie, Denton; Robert H. Huntington, Eureka Springs; C. N. Hammett, Paragould; L. T. Kosminsky, Texarkana; Chas. M. Lewis, Hope (colored); Robert C. Lowry, Enlee, Texas; W. W. Mercer, Hot Springs; Chas. E. Thompson, Little Rock; A. A. Womack, Little Rock (colored); A. J. Williams, Fort Smith; Augustine M. Zell, St. Louis, Mo. The following were granted certificates by reason of having registered under the old laws: Benj. F. Crabtree, Paragould; Jas. B. Buford, Texarkana; Jas. B. Allen, Welcome; W. H. Wareagle, Gregory, (colored).



BOOK REVIEWS



The secretary has received the following:

TRANSACTIONS OF THE NEW HAMPSHIRE MEDICAL SOCIETY.—

The secretary has received a copy of the Transactions of the 115th annual meeting of the New Hampshire Medical Society. This book is cloth bound; 256 pages; neatly printed, and shows that the secretary has not been remiss in his duties. One pleasing feature of the book that we notice is the pictures of some of their dead brothers that is carried in their obituary notices. This, we think, is quite commendable; as it shows much respect to the departed brothers who have worked hard for organized medicine. Dr. Sullivan, the efficient secretary of the New Hampshire Society, has done his work well. We trust that the New Hampshire Society will soon find it necessary to discontinue the annual volume of Transactions and follow the example set by numbers of our States, and issue a monthly journal.

RETINOSCOPY (Or the Shadow Test) In the Determination of Refraction at One Meter Distance, With the Plane Mirror. By James Thorington, A. M. M. D. Author of "Refraction, and how to refract." "The ophthalmoscope and how to use it," Professor of Diseases of the eye in the Philadelphia Polyclinic and College for graduates in medicine. Ophthalmologist for the Elwin and Vineland Training School for feeble-minded children.

Order of P. Blakiston's Son & Co., Philadelphia. Price \$1.00. This work is complete in every detail. A splendid contribution.

PRESIDENTIAL ADDRESS.—The Physician as a character in fiction—By B. C. Bunn, Medical Director, Oak Grove, Flint, Michigan, Pamphlet 26 pages; address delivered at the 62nd annual meeting of the American Medico-Surgical Association, Boston, Mass., June 16, 1906.

A CASE OF RATTLE-SNAKE BITE TREATED WITH ANTI-RATTLE-SNAKE SERUM AND WITH SERUM ANTI-VENEMEUX (Calmette).—By W. F. Arnold, M. D., Surgeon United States Navy. Retired, reported at the Nashville Academy of Medicine, July 24, 1906, reprinted from American Medicine, New Series, Vol. I. No. 6, September, 1906.

PRACTICAL DISINFECTION.—Circular issued by the Illinois State Board of Health, 1906, Second Revised Edition. Courtesy of James A. Egan, secretary of the Illinois State Board of Health, Springfield.

EXTRA-UTERINE PREGNANCY, APPENDICITIS, and MOVABLE KIDNEY.—Analysis of cases by Charles C. Allison, M. D., Professor of Principles, Practice and Clinical Surgery. Creighton Medical College, Surgeon to St. Joseph's Hospital, The Wise Memorial and the Presbyterian Hospitals, etc., Omaha, Neb.

TRAUMATIC LACERATION, INVOLVING THE RECTUS MUSCLE.—By H. Moulton, B. S. M. D. Reprinted from Archives of Ophthalmology.



THE JOURNAL

OF THE

Arkansas Medical Society

VOL. III

LITTLE ROCK, ARKANSAS, DECEMBER 15, 1906

No. 7

Papers Read and Discussions on Same

Before the Arkansas Medical Society, Hot Springs, May 8-10, 1906.

SURGERY IN THE TREATMENT OF GASTRIC ULCER.

(By Dr. J. P. Runyan, Little Rock.)

In no department of surgery during the last decade, have we made greater strides than in that of stomach surgery. From being as an unexplored field of surgical mysteries, it has become as a garden of demonstrated surgical certainties.

We no longer allow carcinoma of the pylorus to slowly but surely kill our patients, without an effort to effect a cure by removing the diseased portion together with the lymphatic glands, draining the portion removed.

Kocher, Moynohan, Mayo and others have demonstrated beyond a doubt that gastrectomy for pyloric cancer is a feasible, justifiable and comparatively safe operation, if done early in the history of the disease; and we can no longer afford to close our eyes to the results. We must offer otherwise incurables the only chance for permanent relief, or, at any rate, an extension of life by making an early diagnosis and operation. We know the mortality of gastric cancer by any treatment other than surgical is one hundred per cent. It is estimated that not less than fifty per cent of the cases of pyloric cancer develop after a history of gastric ulcer. This being true, how important that all local irritation be removed at the earliest possible moment in order that the patient may have the benefit of every safeguard that may be thrown around him.

Niles has truly said: "The line that divides surgical diseases from non-surgical is still somewhat vague and indistinct, and one of the most common sources of error in treatment arises from the fact that we are often in doubt as to when and how far we may trust to the reparative resources of Nature, and under what conditions we should resort to prompt operative interference. We know that many morbid conditions may yield more or less perfectly to Nature's reparative powers, and we have learned of other morbid conditions that cannot be modified, corrected or removed, except by mechanical means. But until the line that divides the limitation of

rational medicine from the boundaries of surgery is more clearly defined, the internist and surgeon will often encroach on each other's proper field, and the best endeavors of both will fail to produce the most satisfactory results."

It is one of the purposes of this paper to discuss a condition in the treatment of which, until a few years ago, surgery was considered to have no place. The medical treatment of gastric ulcer has been far from satisfactory. Probably the starvation regimen, that is usually instituted along with the medical treatment, has contributed more largely to the alleviation of the symptoms than any medical treatment proper, that may have been prescribed. After a gastric ulcer at or near the pylorus becomes chronic, cicatricial tissue begins to form, which, sooner or later, contracts, producing, ultimately, a mechanical obstruction to food egress. In such cases, of course, there can be no doubt as to what means should be adopted, as only surgical measures will offer any hope of relief. But where the ulcer is situated at some distance from the pylorus, have we any sure remedy for relief other than surgery? With the accuracy of diagnosis of diseases of the stomach obtained from a clinical history, corroborated by a chemical analysis of the stomach contents, we are no longer compelled to grope in the dark.

Subjective symptoms are sometimes misleading, and for this reason, it is always best to corroborate the clinical diagnosis by a chemical analysis when possible. A differential diagnosis between gastric ulcer and gall-bladder disease, from the clinical history, sometimes is hard to make. The abdominal surgeon must always be prepared to change his diagnosis upon opening the abdomen, and should never neglect to obtain the consent of the patient, before operation, to do what, in his judgment, is best.

Not long since, I diagnosed a gastric ulcer, and opened the abdomen fully intending to do a gastro-enterostomy. I found, upon opening the abdomen, a chronic cholecystitis with gallstones; one in the gall-bladder and one in the cystic duct. No evidence whatever existed to justify a diagnosis of gastric ulcer.

The rationale of the surgical treatment of

ulcer of the stomach is one of mechanics. It involves one of the oldest principles known to the surgeon—drainage. Another principle, which must not be lost sight of in the treatment of any surgical disease, is rest. By diverting the food from the natural channel through an artificial opening, created by a union of a hole made in the most dependent portion of the stomach to one in the jejunum, we are thus enabled, by drainage, to give almost complete rest in the case of an ulcer of the pylorus.

It is remarkable how quickly and rapidly a patient improves after a gastro-enterostomy done for the relief of pyloric obstruction, the result of a simple ulcer.

Many cases of ulcer of the stomach are being treated, doubtless, for chronic dyspepsia, the patients being required to diet themselves almost to the point of starvation which might be quickly and permanently relieved by surgery. Shall we continue to deny our patients the benefit of surgical interference, or shall we tell them frankly, that medical treatment offers no hope of permanent relief, and that the only hope of permanent recovery, is through the application of surgical measures? I do not go so far as to say, that medical treatment has no place in the treatment of an ulcer of the stomach, but it has its limitations, and we must recognize those limitations and know when to substitute surgery.

Some of the most miserable people on earth may be made the most happy by a simple operation.

Is it right that surgery should be made a dernier resort and the patient be compelled to suffer indefinitely, when it can be definitely established that pyloric obstruction exists? We should be painstaking in our examinations, and should be able early to recognize obstructive symptoms, which always call for surgical interference.

It is certain that, however much we may depend upon medical treatment early in the history of the disease, it is little less than criminal to continue the treatment after obstructive symptoms are present.

DISCUSSION.

Dr. Kirby: I think the paper is all right, but there is one thing that I want to criticize. He says, "When they can get cured by a simple surgical operation." It may be very simple in his hands, but I don't know whether it would be in the hands of the other members. That is the only point I see in it.

Dr. Snodgrass: I cannot think of anything more horrible than starvation or starving to death. I have seen the doctor operate upon a few of these cases, and I have also witnessed the starvation of a man from pyloric obstruction or gastric ulcer. The result he has obtained in these operations certainly should be enough to convince any of us that in a limited number of these cases we should at least submit them to an operation, if it has to be done, before it is too late. If the operation is done early, it will relieve a great deal of

suffering. The man will perhaps die later on, but he does not undergo that long and tedious process of starvation. As for relief of gastric ulcer, the majority of those cases are permanently cured when properly treated. It relieves that part of the stomach from its active duty, removing the irritating gastric juices from the raw surface, and a cure is perfected in a majority of cases.

I have had the pleasure of seeing a few patients of the doctor after the operation was performed, and the most wonderful change that you can imagine occurs within a few weeks after one of these operations has been successfully performed.

Dr. Meek: I have enjoyed the paper very much and appreciate him as an operator. But, if he does a laparotomy for the purpose of doing a gastro-enterostomy to relieve gastric ulcer, and finds cholecystitis or cholelithiasis, how are we men, who do not operate every day, to make a diagnosis? He admits himself that he did a laparotomy for the purpose of doing a gastro-enterostomy and he found gall-stones. More than that, I believe one of the Mayos recently published an article in which he recommends cutting out the gastric ulcer. When you do a laparotomy, how can you detect where the gastric ulcer is? We are not supposed to cut into the stomach. I am asking this for information. Can we by outside vision or palpation detect where the ulcer is in the stomach?

Dr. Morgan Smith: I agree with Dr. Runyan that gastric ulcer is certainly a curable disease. An experience of fifteen or twenty years has led me to believe that gastric ulcer is incurable by medical means. I believe when a man is able to fool his patient that long, they are disposed of in one of two ways. Either he falls into the hands of a surgeon and is cured, or else he signs his death certificate. It takes a long time for starvation to end one's existence, but ultimately gastric ulcer can end only in two ways, and that is by starvation or operation and relief.

I happened to have the pleasure of seeing the results of the operation. I don't know exactly whether it was done for making a diagnosis or not, or for clearing up a diagnosis; but, anyway the patient was operated on by Runyan for relief of gastric symptoms. The gall bladder was opened and the stones were removed, and in ten or twelve days, from appearances, the patient must have gained several pounds, some eight or ten pounds, and was able to go home in two weeks after the operation.

If this is true, we certainly can't say as much for those cases that have been treated medically for years and years without any such results. I believe it should be regarded as incurable by medical men, and so treated.

Dr. Sweatland: I am very much in favor of the idea of an operation for gastric ulcer in certain cases. Runyan is no more enthusiastic over the matter of surgery than I am. But, to say that all cases of gastric ulcer are

cases to be operated upon, I think is a great mistake. As Dr. Smith just said all gastric ulcers are surgical cases, I don't believe it. They don't know for certain whether we have had gastric ulcer or not. We don't know of the thousands that have gotten well spontaneously after a year or two of suffering with that, maybe more years of suffering.

Take the cases where a great portion of the stomach is removed, for carcinoma of the pylorus. You take the history of those cases where you do a gastro-enterostomy and follow them through for years and years and see how they get along. See if they don't have more or less trouble. See if they don't have more or less digestive disturbances, even after your operation.

I am not talking against the operation for carcinoma of the pylorus or gastric ulcer, if it becomes necessary; but, there are lots of cases that are not operable cases and should not be operated upon.

Dr. Meek: I want to ask Dr. Runyan one question. I had a patient a few years ago suffering from some gastric ulcer for years, and went to Mineral Wells, Texas, and stayed a few months and came back apparently well. Whenever he had a pain in his stomach he took some calomel. The night I was called to him, he had vomited probably a quart of black, half-digested food. In a little while he succeeded in getting to the commode and had frequent actions of the same kind from his bowels. He was about unseless at that time. The trouble was evidently in the intestinal tract and not in the peritoneum. I would like to ask if surgery would have afforded any hope to that patient; and if we could have located the gastric ulcer by an outside examination of the stomach. The patient died in twelve hours.

Dr. Runyan: I am glad Dr. Meek asked his last question. That is a very fine answer to Dr. Sweatland's question. There was a man that got well by going out to Mineral Wells, Texas, and came home well and died in twenty-four hours.

Ten or fifteen years ago, there was a big lot of doctors in the United States who contended that appendicitis had a medical side. There is not a doctor in the State of Arkansas today, who has given the subject proper study, who will say that appendicitis is a medical disease. I believe in less than ten years, there will not be a member of this Society who will believe that gastric ulcer is anything except, as Dr. Smith said, a surgical disease.

In regard to the diagnosis, after you open the abdomen, of gastric ulcer, replying to Dr. Meek, I want to state that it is a beautiful sight to look at an ulcerated stomach after opening the abdomen without opening the stomach itself. You have a white scar.

Dr. Meek: With a rim around it?

Dr. Runyan: Maybe all kinds of shapes. I presume it has the shape that it assumes on the inside of the stomach to a certain extent,

but there is a distinct whitening of the outside tissue of the stomach, and when you put your hand on that place you feel a distinct induration that is evidence enough that you have an ulcerated stomach. I am satisfied that I have seen ulcer of the stomach several times upon opening the abdomen for other things, but I did not recognize it. But in my recent observation with men who understand living pathology and who have been studying living pathology, I have been enabled to learn how to make a diagnosis.

Dr. Kirby, it is a simple operation, if you will just go and be with the masters awhile and see how it is done. I have done five operations and haven't lost a case. The first two were the worst kind of cases on which to operate; they were almost dead before they would let anybody operate upon them. I had those two cases to hold up to the other fellows, and consequently did not have so much trouble to get them to consent, and got them before they were so emaciated. The operation is a simple suture operation. Anybody who has done as much surgery as Dr. Kirby, can do this gastro-enterostomy by seeing the operation done.

Dr. Smith referred to an operation I did not long ago. I opened up the abdomen with the full intention of doing a gastro-enterostomy. I made this mistake in that case. I was so certain from the history of the case (Dr. Smith is familiar with the history to a great extent, being one of his relatives), that I did not think it was necessary to make an examination of the stomach contents. The diagnosis seemed to be sure. But, I always fix myself, as I said in this paper. Always get the consent of the patient, if you don't find what you are going after, do something else if you find something else to do. I said there are a lot of these cases of suspected gastric ulcer, but upon opening the abdomen you find the stomach healthy, but gall-stones present.

If I find the gall bladder diseased instead of gastric ulcer, I will open that and remove the stones. In that case, I removed two gall stones, and that improved the patient. She was better the next day and continued to be better and was eating beefsteak and everything else she wanted within two weeks after the operation, and before the operation she suffered from eating almost anything.

—X—

CARCINOMA UTERI.

(By Dr. C. R. Shinault, Little Rock.)

That hysterectomy for the cure of cancer of the cervix, if done *early*, is a comparatively satisfactory operation, there can be no question. That it is often undertaken too late to be of benefit to the patient, there is no doubt. If seen late, thorough cauterization is decidedly preferable to enucleation. By this I do not refer to incomplete enucleation of the organ, but more especially to the invaded surrounding structures. There is something rad-

ically wrong somewhere or somehow in our manner or method of educating the laity to the importance of consulting a physician the moment menstrual derangement occurs, and more especially, at or near the approach of the menopause. I will add that I also believe that too little significance is usually attributed by the physician to the sometimes irregular scanty flow complained of by the patient who may chance to consider it better to consult a physician instead of some woman friend or an old mid-wife whose sage advice is accepted with such confidence and assurance as to require that the symptoms become grave indeed before the doctor is consulted; at which time it is too often too late. No woman who is at or near the menopause and who goes to a physician complaining of a disturbed menstrual trouble, should be given a prescription without an examination. It is the duty of the physician to be able to diagnose conditions, and, if he be unable to recognize suspicious conditions, he should call in assistance or refer the case to someone who is qualified. If trouble is suspected, consultation should be had and the patient impressed with the importance of remaining under close observation for a sufficient length of time to determine the true cause or condition and have the proper treatment.

The per cent of cancer of the stomach developed upon the cicatrix of an old healed ulcer of the stomach is no doubt great. In the same way as cicatricial tissue of a healed ulcer of the stomach acts as an exciting cause for the development of carcinoma of the stomach, so, too, may the cicatricial tissue of an old lacerated cervix sooner or later develop into carcinoma of the cervix. For this reason alone, it behooves us to look well to the early repairs of all lacerations of the cervix, as well as those of the perineum, which allow the descent of the uterus, which, in turn, tend to add to the dangers of the development of carcinoma of the cervix by allowing the circulation to become sluggish, resulting in a chronic hyperemia, to say nothing of the additional dangers to which she may be exposed by virtue of the fact that with a badly lacerated perineum (the part being in a widely gaping condition) allows the atmospheric circulation of all kinds of dust and germs to come in contact with a diseased and chronically hypertrophied cervix, whose diminished power to resist germ life makes it a ready soil for development of malignant growth. Too many young women with laceration of cervix and perineum are impressed by their attending obstetrician that their lacerations are slight in extent and need no repairs. This may sometimes be done to shield themselves for allowing such lacerations to occur during labor, thinking probably the patient would attribute the tear to lack of skill on the part of the obstetrician; or it may be for lack of careful observation on the part of the attending obstetrician, who may fail to discover the laceration. It is best to deal honestly with the patient, give her a careful and painstaking examination and promptly inform her of your findings. They may be easily convinced that

these ulcerations are no fault of the physician for lack of skill on his part and that it is dangerous to allow them to go unrepaired. She should be informed that, if they are not severe enough to cause immediate trouble, the chances of remote trouble are too great to warrant her in treating them as of no consequence. All perineal tears should be repaired immediately after labor, where there is not some special contra-indication, such as the existence of puerperal convulsions or severe shocks, the result of a tedious labor, making it hazardous to undertake the operation. The conditions are infrequent that would contra-indicate immediate interference. It is yet a mooted point as to whether it is best to do an immediate repair of the cervix or wait until some future date. Personally, in most instances, I believe it would be preferable to do an immediate repairing of the cervix as well as of the perineum. If this be done, observing ordinary rules of cleanliness, in the great majority of instances there is no good reason why perfect results may not be obtained and the patient thereby saved the horror and dread of an operation after she has recovered from the puerperium.

I am well aware of the fact that it is considered semi-quackery by many physicians for one to operate on very slight rents of the cervix; but this same class of doctors who consider the operation unnecessary are found cauterizing and tamponing such wounds, when we all know that they can only hope for good in a psychological way, as new cicatrix, erosions and ulcers will again form in time as a result of the old laceration. Consequently, if either is to be considered unnecessary it should be the "local application" treatment; for a woman would much prefer to pay more for a real cure, not only mentally, but physically, and reduce the possibilities of cancer to a minimum by the removal of all cicatrix and readjustment of torn and blurred cervical lips. I repeat that she would much prefer to pay a larger fee than a fee of from one to five dollars for daily local applications if they are cognizant of final results by surgical interference.

—X—

TWO CASES OF ENDOMETRITIS.

(By Dr. E. L. Beck, Texarkana.)

This subject is so very extensive, it is met with so often, and so greatly concerns, not only the gynecologist, but the general practitioner as well. Barring largely bacterio-toxic endometritis. I take the liberty of studying for a moment the pathology of endometritis, based largely on clinical experience, aided by a very competent pathologist. I refer to Dr. Nettie Klein, of Texarkana.

More often than from any other cause curettage of the uterus is done on account of bleeding, which may be of recent occurrence or of long continued bleeding. Every particle of such curettage should be sent to the laboratory, particularly in cases of long continued bleeding, to distinguish between inflammatory

and hyperplastic changes or a possible malignant neoplasm of the endometrium.

The endometrium reacts quickly to irritation produced by inflammation. We may have an instittial or hypertrophic endometritis. The important changes that take place in instittial endometritis are the changes in the instittial tissue which, if of recent occurrence, is infiltrated with small cells in proportion to the extent of the irritation, which causes the inflammation.

The round cells replace the original cells of the instittial tissue in certain parts and surround the gland section. When the instittial tissues begin to increase the glands are pressed and become atrophic.

In the hypotrophic endometritis (fungoso) all parts of the mucous membrane become affected. Here, there is a growth in the glands. They increase in size and number. Through the increase of the glandular epithelium, the secretions of mucus are increased and fill the lumen of the gland and the excretory ducts are obstructed. If the mucus is not discharged cysts form which may be as large as a pin head, and are easily seen with the eye. The vessels form a decided part in the inflammation, for they increase in number as do the capillaries. The growth of the gland epithelium in oblique section may be mistaken for a malignant neoplasm.

The examination should not be confined to one or two sections. In diffused hyperplasia of the glands of the endometrium the pathologist should be careful not to mistake the microscopical picture for the destructive glandular neoplasm.

Case No. I—September, 1904.

Mrs. M. (white), Hot Springs, Arkansas, age 43. Borne two children, youngest five years, had been suffering with womb for 12 months; general health much reduced. On examination she presented a splendid clinical picture of destructive glandular neoplasm. I removed the contents of the uterus with a curette, and I felt very much confirmed in my diagnosis.

I sent the curettage to the laboratory, where it proved to be only a hyperplastic endometritis.

The patient made quick and satisfactory recovery.

Tuberculosis of the endometrium is rare, but does occur, and occurs more frequently than was formerly thought, the clinical symptoms between it and malignant neoplasm is not always easy from a clinical standpoint. However, in a microscopical section, it is simple and easy to diagnose, as we find the well-known tubercles with giant cells.

Case No. 2—November 18, 1905.

Miss R. (white), Texarkana, Ark. Age 22; single; has been married; had recently recovered from severe spell of malarial fever. Gave a history of some menstrual disturbance, with a pain and possibly some uterine inflammation. After summing up the history and making a careful examination, I was suspicious of malignancy. The examination of the urine made by Dr. Klein was as follows:

Specific gravity, 1016; reaction when passed, acid; color, amber; consistence, slightly viscid; transparency, clear; appearance of sediment, nebulous; albumen, a trace; sugar, negative; bile, negative; blood, negative; urea, slightly diminished; uric acid, normal; chlorides, normal; indican, a trace; casts, hyaline and granular; blood, an occasional cell; pus, an occasional leucocyte; epithelium, vaginal; crystals, uric acid and uratis; amorphous deposit, not marked.

After dilating and curetting the contents of the uterus, I sent same to Dr. Klein's laboratory. She found an unmistakable tuberculosis condition. Her local condition is slightly improved. She suffered some afterwards from an edematous condition of the lungs, almost amounting to anasarca, but the sputum showed negative under the microscope.

There seems little, if any, improvement in the kidneys, as you can readily see, and my prognosis is not good.



THE JOURNAL

OF THE

Arkansas Medical Society

Owned and Controlled by the Arkansas Medical Society with
no Other Proprietary or Business Interests Whatever.

PUBLISHED MONTHLY, Price, \$1.00 a Year in Advance.
Single Copies 10 Cents.

Published on the fifteenth of each month under the
direction of the Committee on Publication.

Entered as Second-class matter, June 21, 1906, at the
post office at Little Rock, Arkansas, under Act of Congress
of March 3, 1879.

All communications to this Journal must be made to
it exclusively. Communications and items of general interest
to the profession are invited from all over the State.
Notices of deaths, removals from the State, changes of
location, etc., are requested.

Our readers are requested to send us marked copies of
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of the medical profession. We shall be glad to know the
name of the sender in every instance.

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Elks Building, Little Rock.

OUR ATTITUDE TOWARD INSURANCE COMPANIES.

Without going into detail, it can be said
that the medical profession is under no obligation
whatever to the insurance companies
of the United States. It must be realized
that two factors are the producers in the
insurance business—the agent and the doctor.
I place the agent first, because the
agent secures the business, and the doctor
decides whether the business is safely insur-
able. Upon the physician rests the whole
responsibility of making or breaking the
insurance companies, as the doctor has the
knowledge and capability of making the
decision.

In other words, he who has "the goods"
delivers them without being paid at a
remunerative price. This is the text of the
whole question. If the physician, as medical
examiner, is worth so much to the insur-
ance company, should he not be paid in pro-
portion to his worth? If he is not worth so
much, the insurance company had better
look to its safety, and get examiners worthy
of a decent fee.

A case in question: An agent brought to
the writer, while he was doing general prac-
tice, an applicant for insurance; a woman
four feet ten and a half inches high, weight
88 pounds, age 61 years. She had a case
of tuberculosis; pigeon breast, stoop
shoulders—tuberculosis of years' standing
(chronic case).

In this instance, the examination could
have been made and the company asked for
the fee. The agent was promptly told that
no examination would be attempted of such
an applicant; that it would be robbery to
ask the company to pay a fee for the exam-
ination of such a prospect.

Suppose for argument's sake, this appli-
cant had been examined and passed for
\$5,000 by a physician not qualified to make
life insurance examinations. Here is the
result: The party died from tuberculosis,
six weeks later—just about long enough after
being solicited to make examination and for
the company to have received such examina-
tion and passed upon the fitness and issue
a policy or reject it, as the case might be.
If the former, a five thousand dollar policy
would have to be paid.

Suppose for argument's sake that one
case of this kind comes up in the
history of the insurance company, every

week from each State in the Union. How long would it take for the insurance company to go out of business, with this class of conditions in force? Then, it is worth \$5.00 for the certified examination of such an applicant, even to examine and reject it, it does seem like the insurance companies are not doing the right thing towards the medical profession, in asking them to render a service so valuable for so little money. It is to be hoped the insurance companies will take the right view of the matter and pay a fee commensurate with the service rendered.

The president of a life insurance company, getting twenty-five to one hundred thousand dollars a year, no more earns his salary than a doctor would earn by receiving a fee not commensurate with his services.

It is high time that the insurance companies reduce the exorbitant salaries paid to these officers, and come up a little bit for their medical examiners.

—X—

THE ADVANTAGES OF THE COUNTY SOCIETY FOR THE YOUNG PRACTITIONERS.

The county society is not alone for the older physicians, but it proposes to do a good part by the young graduate. It proposes, in a manner, to act as his helper in all things medical, and as far as possible in all things ethical. There are some ethical questions that a man's own intelligence must settle outside of the county society, but as nearly right as the wisdom of medical profession of the United States can formulate and devise, the county society is intended to better the condition of all classes of physicians who are members. The young physician should get out of his mind, the idea that he is not wanted in the county society by the older members. It is his duty, upon graduation, to at once make application for membership, and take an active part in all county society meetings, be prepared to read his paper when called upon to do so, and to enter into the discussion of other papers. Give the society the benefit of your knowledge, if you have no experience. When you have attained experience, give the society the benefit of both. If you have no experience, it is the place for you to get the experience of older heads. If you have no knowledge, maybe you will absorb some by keeping mum and listening to the older members; at any rate, it is the place for the young doctor. The

county society will help you in many ways to become what you will be if you live to enjoy a lucrative practice. It will be a preceptor to you in more ways than one; it will shape your destiny in more ways than you can imagine, and if you will allow it, the county society will be your adviser and instructor all along your professional career.

If you stay out of the county society, you cannot expect to have that same standing among the profession, as if you were an active medical worker. You may be like the woman who dreamed that she died and went to heaven. In viewing the beautiful mansions in the skies, she was told who were the owners of a number of them. One was extremely beautiful, and she was told that it was for her cook. Another one of insignificant pretensions, had been prepared for her. With deep chagrin, she murmured and complained because she didn't have a finer one than her cook. She was informed that they had prepared the best that they could with the material that she had sent up for its construction.

You will make a name in your society, which will be like unto this mansion, in accordance with the effort that you make and the chances that you give, your county society will assist you throughout your professional life.

—X—

DR. BYRD'S LICENSE HAS BEEN REVOKED.

Dr. J. M. Byrd, of Hot Springs, was fined \$75 in police court charged with drumming. He also suffered a revocation of his State license to practice.

This is the first conviction made by the rehabilitated Visitors' Protective Association, which is waging a war on the drumming doctor.

—X—

TEN PHARMACISTS LICENSED.

Ten new pharmacists have been licensed by the State Board of Pharmacy. The ten licensed are successful applicants out of a class of fourteen. The successful applicants were: C. C. Taylor, Marshall; E. D. Woodburn, Paragould; Clarence McIntosh, Batesville; Bunyan Gilbert, Rector; E. M. Turner, Little Rock; Bruce Ellis, Little Rock; Neal Miles, Fort Smith; Gus Nash, Jonesboro; R. Dedman, Arkansas City; and Aaron A. McKelby, Greenwood.

SUCCESS AT LAST.

The members of the Arkansas Medical Society will remember that several weeks ago they received a blank certificate to be filled out and signed by them, setting aside one dollar of their annual dues to pay for their subscription to the Journal. It was stated in this certificate that the Post Office Department had ruled that the Journal had no subscription list, and as such could not be admitted and entered as second class mail matter.

The whole trouble came about from the fact that we charged two dollars for the dues and nothing for the Journal; whereas, we should have charged for the Journal and given away the membership to make a bona fide mailing list. These certificates were all sent to Washington and the Secretary has since received a notice that on November 17, 1906, the Third Assistant Postmaster General ruled that the Journal of the Arkansas Medical Society be accepted as second class mail. It is with much pleasure that we announce this decision. It certainly has given the publication committee no little annoyance and caused a great deal of work, which might have been avoided had we known sooner that such would have been the outcome. However, all's well, that ends well.

RECENT LICENTIATES.

Every quarter the State Board of Medical Examiners of the Arkansas Medical Society meets for the purpose of examining applicants who apply for licence to practice medicine in the State of Arkansas. Up to the present time no effort has been made, by any one so far as the secretary knows, to induce these recent licentiates to become members of the County Society where they locate. Would it not be a good idea for the State Board of Medical Examiners to take this matter in hand, and endeavor to impress upon these gentlemen the importance of placing their applications for membership as soon as they locate? Then this should be followed up by members of the County Society and the secretary should be the first visitor to call upon the newly located member and extend to him a cordial invitation to unite with the County Society. This should, in turn, be followed by each member, so far as is practicable and convenient (most of them could make it convenient

if they chose to do so) with the same story sung into the prospective member's ear. This would make him feel at home at once, and at the same time there would be some inducement to join the local society, on account of the good fellowship exhibited, if for no other reason. In fact, too many of our medical societies have what might be termed star chamber proceedings, and as a result of their cavalier treatment these newly located members remain in the county for quite a while before any of them ever know that the county society is in existence.

Give them an invitation and a cordial one, not only in a sincere way, but insist upon it that they cast their lot on the side of organized medicine. Try this on the next class of licentiates, and do not forget those who have already been licensed.

CONSOLIDATION OF MEDICAL JOURNALS.

Announcement has been received that on January 1, 1907, the "Therapeutic Gazette" will consolidate with the "Medical Age" and "Medicine." It is said that the greater "Therapeutic Gazette" will be conducted with a view to the needs of the active practitioner. However, it will be, in the broadest sense, a journal of practical therapeutics; and the management says it will be as ably representative of what is best in medicine as money and brains can make it.

DR. WALLACE'S HOME PARTLY DESTROYED.

The residence of County Physician H. C. Wallace was partly destroyed by fire recently. The fire department answered one alarm and found no fire, but a half hour later was called back to find the house wrapped in flames. The damage is estimated at \$2,500.

NEW DIRECTORY OF ARKANSAS PHYSICIANS.

The State Board of Medical Examiners will complete a new directory of all the physicians in Arkansas within the next ten days. Any physician may have a copy gratis by addressing the Secretary of the State Board, Dr. F. T. Murphy, Brinkley Ark.

To the County Society Presidents! Have you called a meeting for the purpose of sending a request to your legislators asking them to support the Patent Medicine Bill? If not, do so at once.

MRS. MARY BAKER EDDY.

The newspapers tell us that the head (?) of the Christian Science Church, Mrs. Mary Baker Eddy, is now in her tottering decrepitude; that in order to convince the world that she is still hale, healthy and hearty, several representatives of newspapers were permitted to call.

The description of this visit to this aged lady's residence, who is now eighty-four years old, winds up by saying that the visit lasted one minute. So far the attendant had trained Mrs. Eddy to answer three questions pertaining to her condition. These she answered like a parrot; but when other questions were phed to her she showed lack of training and hesitated and stammered for a reply, which was anything but satisfactory.

Mrs. Eddy is fast approaching the time when dissolution will take place, and there is no doubt that she will die as she has lived, without the ministration of a physician to soothe her sufferings and make her last moments easy; but one thing is sure, when this old lady passes out of existence, there is no doubt but that it will be best, and for the benefit of mankind. There is no doubt that many have perished for the lack of medical attention through this woman's teachings. Her deluded followers cling to her teachings with the tenacity of a fanatic. There is hardly any difference, anyway, between the follower of Christian Science and the Dowietite sect. Of course the faith, or fad, will perish sooner or later, because anything that is not founded on truth must crumble to decay. When Christ was in the world and said, "They that are whole need not a physician, but those who are sick," He evidently did not mean that those who are sick need a Christian Science healer, or follower of the Dowietite cult; but had in mind a physician in the true sense of the word. Luke was known as the beloved physician, and the attachment between him and his Lord was very marked. When Hezekiah was told to get his house in order, he turned his face to the wall and prayed that the Lord would spare his life. God did not send to him a Christian Science healer or follower of Dowie under some other name: but he told the priest to return and tell Hezekiah that he had heard his prayer and granted his request. But there was something for Hezekiah to do. He was commanded to take some figs and place upon his boil (no doubt

a poultice) and thus he was healed and his life spared.

These deluded people seem to think that if drowning, all they have to do is to pray to the Lord and a life preserver will be thrown down for their succor, and if they have a bleeding artery, all they have to do is to pray and God will come down and tie the vessel. If they have a broken bone, all they have to do is to pray that God will reduce the fracture, and so on all through the category of ills that afflict the human family. God will do nothing of the kind. It is not Christianity nor science. God has placed within the reach of us all men skilled in the art of relieving suffering. He has placed remedial agencies here for us to use. If we don't avail ourselves of these opportunities that God has given us, we certainly ought not to hold Him responsible for our suffering and death. One thing is certain, if we do our part, God will do his; but nothing in the way of the miraculous, unless man has reached his absolute extremity. So it is that the Journal thinks the sooner Eddyism and Dowieism die the better for the human race.

—X—

Reports on the health of laborers on the Panama Canal reveal the interesting fact that the sanitary measures adopted for the improvement of the health of the employees have not proved advantageous to the West Indian negroes. They have always been accustomed to sleep in close, unventilated apartments for the purpose of avoiding the night air, which they consider dangerous. The new barracks for laborers admit of very free ventilation night and day, and the result has been that these negroes have been exposed to the night air, and the mortality from pneumonia has been excessive.

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TO THE SECRETARIES OF THE COUNTY SOCIETIES. HAVE YOU ANSWERED ALL THE COMMUNICATIONS SENT YOU BY THE LEGISLATIVE COMMITTEE? THAT COMMITTEE CAN NOT COMPLETE ITS WORK UNTIL IT HEARS FROM YOU. WRITE DR. WILLIAMSON AT ONCE IF YOU HAVE NOT DONE SO.

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GALLIARD'S JOURNAL.

Gaillard's Southern Medicine hereafter will be published simultaneously in New York and Savannah.

**SOME GOOD REASONS WHY "PATENT"
AND PROPRIETARY MEDICINES SHOULD
HAVE THE FORMULAE PRINTED ON
THE LABELS.**

According to the laws of Arkansas, the makers of secret remedies need no education. The most ignorant can make a mixture of drugs and advertise it to cure diseases that he never saw, even incurable maladies. The law protects him in his dangerous traffic without knowing the ingredients of his mixture or inquiring in o his proficiency. Printing these formulae will protect the public against ignorance.

"Whatever is secret is suspicious, especially medicines that are secret in character. The success of secret nostrums often lies in the fact that extravagant claims are made for them, which on their face would be ridiculous if their true composition were known. Remove the mystery surrounding these preparations and their wonderful virtues would vanish."

Some proprietary medicines are good, but many are rank frauds that depend upon deceptive advertising. They fool the public out of millions of dollars annually. The people should be protected from such swindles.

Many are marked "perfectly harmless" that contain dangerous quantities of poisonous drugs. This year many cases of poisoning and at least forty-eight deaths due to patent medicines were reported through the press in the United States, to say nothing of the large number that probably occurred in the rural districts, and were never reported.

When druggists sell poisons openly they are compelled to label them "poison." Why should they not be compelled to do the same when selling secret remedies? How is one to know unless the label tells?

Some contain ingredients that produce "drug habits" and keep their victims using these drugs until they become moral and physical wrecks. Having created the desire, they can thrive by supplying the demand.

Some prey upon the incurables; others deceive the sufferer until curable diseases become incurable.

Some are indecent or criminal frauds, such as "lost manhood" cures and abortion producers. Nothing more demoralizing could be put before the youth of the State.

According to information obtained from

druggists, over one million dollars are spent every year in Arkansas for "patent" and proprietary medicines. It is safe to say that over \$500,000 of this amount goes for frauds that do no good. Something should be done to stop this evil.

A pure drug law is as necessary as a pure food law, for drug frauds are given mostly to babies and debilitated persons who are unable to withstand their depressing and harmful effects.

In cases of poisoning by secret medicines it is impossible for doctors or druggists to administer antidotes intelligently since they do not know the nature of the drug that was taken. Patients with weak hearts and kidney diseases are easily overcome by depressing drugs and it is highly important in cases of overdosing that the doctor should know the drug with which his patient is poisoned.

In every business, except the "patent" and proprietary medicine trade, the manufacturer invites close and thorough investigation. Why do they refuse to tell the consumer just what he is getting for his money? Every worthy article should be able to stand upon its own merit.

"There is absolutely no rational defense that can be advanced in opposition to having the labels of a medicine tell its composition. There are many weighty reasons that can be advanced in defense of such a proposal. Secrecy is the cloak for falsehood and extortion." No honest manufacturer is afraid to let the label tell. If his formulae will stand the searchlight of investigation he has nothing to fear in giving it to the public. If it will not stand such investigation then the public has much to fear from him. Giving the formulae injures no one except the maker of dangerous or fraudulent remedies. The druggist can fill his shelves with genuine remedies that show merit by their formulae and the public will buy with more confidence. The papers can use the space now devoted to deceptive advertising in more paying and decent matter. In drugs as in foods, LET THE LABEL TELL.

Many good concerns now publish their formulae and do not suffer any loss from doing so. Why should not they all do so? Those that refuse to, do so because they know that if the public knew what was contained in their preparations it would not use them. Dr. Chas. H. Stowell, general manager of one of the oldest and largest "patent"

medicine firms in America (J. C. Ayers Company) has this to say:

"We certainly believe that the trade interests of proprietary medicines will be greatly advanced if the consumer be frankly and fully told just what he is getting for his money.

"In every line of business but ours the proprietor urges upon the purchaser the closest examination and most thorough investigation.

"We believe we are justified in saying that the proprietary medicine business is about the only business on the face of the earth where the people deliberately engage in a serious game of 'blind man's buff' hoping thereby to catch something which shall prevent a possible break in the family circle.

"Provided your formulae will stand the searchlight of investigation, and provided you have individualized your advertising, then there is nothing to fear from giving said formulae to the public.

"But there is a great difference between giving the public the ingredients of a medicine and the formulae of a medicine. * * * Let us give the precise amount of ingredients in a given quantity of the finished product. * * * If we use alcohol, let us say so.

"If we know our product is good, if we know it contains merit, genuine merit, then we can safely place our case before the very best jury in the world; namely, the highly intelligent American people."

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DEATHS FROM "PATENT" MEDICINES IN 1906 AS REPORTED BY PRESS.

The following paragraphs give name, address, date of paper or death and journal in which each case was reported:

Babies (twins), Omaha, Neb., January 6, 1906; Journal American Medical Association.

George Lancaster, Baltimore, Md., January 6, 1906; Journal American Medical Association.

Helen Schafer, Cleveland, O., August 16, 1906; Cleveland Plaindealer.

Maki baby, Aurora, Minn., September 6, 1906; Duluth Herald.

E. E. Garns, Montpelier, O., August 24, 1906; Woodville News.

Johnson child, Dassel, Minn., September 20, 1906; Anchor.

Zarлак babies (twins), Utica, N. Y., January 25, 1906; Journal American Medical Association.

Kucer child, Fall River, Mass., January 21, 1906; Congressional Record, Vol 40.

R. H. Shofner, Sidney, N. Y., April 6, 1906; Congressional Record, Vol. 40.

Emma Wargo, Cleveland, O., April 28; Collier's Weekly.

Coffman boy, Dennison, Tex., March 23, 1906; Collier's Weekly.

Alfred Watsberger, Wheeling, W. Va., March 12, 1906; Wheeling Register.

Woman (Mrs. D. G.), Arkadelphia, Ark., April, 1906; Journal American Medical Association.

Mathew Washington, Chillicothe, O., January 17, 1906; Congressional Record.

J. W. Falk, Eveleth, Minn., April 18, 1906; Congressional Record.

Geo. Vilecik, Chicago, Ill., March 22, 1906; Collier's Weekly.

Sadie Kemper, York, Pa., March 20, 1906; Rochester Chronicle.

John Grumley, Barney's Mill, March 16, 1906; Congressional Record.

Amanda Whitehouse, Lexington, Ky., January 11, Collier's Weekly.

Hilda Keck, Cincinnati, O., November 27, 1906; Congressional Record.

Mrs. Retta Stone, Paris, Ill., March 14, 1906; Collier's Weekly.

Ruth Hickman, Des Moines, Ia., August 22, 1906; La Capitol.

W. H. Hawkins, Madison Co., Ind., October 9, 1906; Congressional Record.

Baby, Duluth, Minn., April 19, 1906; News-Tribune.

Frank Thompson, Freehold, N. J., Collier's Weekly.

Toal baby, Rochester, N. Y., March 6, 1906; Congressional Record.

Ruth Hanson, Bellville, Ill., September 2, 1906; St. Louis Globe-Democrat.

Arthur Selby, Berwyn, Ill., Collier's Weekly.

Matt Cherry, Carthage, Mo., April 17, 1906; Congressional Record.

Reis, Cleveland, O., August 11, 1906; Cincinnati Enquirer.

John McGrath, Newark, N. J., January 11, 1906; Collier's Weekly.

Ralph Kinard, Craley, Pa., February 18, 1906; Congressional Record.

James Tobias, New York, September 3, 1906; Times.

Edith Summerton, Cincinnati, Collier's Weekly.

Keith child, Cincinnati, May 5, Congressional Record.

John Kriho, Chicago, August 29, 1906; Chicago Post.

Albert Steber, Louisville, February 14, 1906; Collier's Weekly.

Overby girl, Atlanta Ga., June 21, 1906; Congressional Record.

Major Smith, Oskaloosa, Ia., November 21, 1906; Des Moines Register.

Mrs. John Jefferson, Kohomo, Ind., March 23, 1906; Collier's Weekly.

Joseph Mulzonn, Milwaukee, Wis., September 22, 1906; Sentinel.

Harrison child, Pontiac, Mich., November 13, 1906; Collier's Weekly.

Wesley Shenberger, Freeport, Ill., September 25, 1906; Clipping.

Fern Puckett, Geneva, Neb., October 5, 1906; Fall City Journal.

Mrs. L. Hays, Evanston, Ill., October 13, 1906; Chicago Examiner.

Sophia Wilson, New Orleans, October 17, 1906; Chicago Post.

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DR. D. O. HOLMES.

Mena, Dec. 12.—Dr. D. O. Holmes, who has lived at Hatfield, this county, for the past year, was taken to Bay Minette, Ala., today by the sheriff of that county, to answer to a charge of embezzlement, as well as of forfeiting a bail bond.

Dr. Holmes was arrested several days ago at the request of the Alabama sheriff and was held pending the arrival of that officer and a former county judge from Bay Minette, who identified Dr. Holmes as a man who was known as John McDonald, who was charged with defrauding farmers on the sale of a fertilizer. It is declared that he passed as a Baptist minister at that time. Dr. Holmes has been ill and could not be taken back until today.

Dr. Holmes came here a year ago from New Orleans, claiming to be a retired physician, and after living here several months went to Hatfield.

A LITTLE REFORMATION NEEDED.

This article will only apply to the cities and towns from which poultry and game are shipped or at which they are exposed for sale, and in places where second hand clothing is offered for sale.

We wish to raise our voices in protest against the methods that are employed in the handling of poultry and game as placed on the market in the city of Little Rock; and also we protest against the selling of second hand clothing, except under proper restrictions. What we mean by proper restrictions, is regulating the sale. Dealers have an idea that poultry and game are better preserved by only being divested of feathers and with the intestines remaining. While game, in a great many instances, is shipped and sold without any attempt at dressing. Any one that has any sense knows that pathological changes takes place in the alimentary canal first. Pathological changes are not confined to the alimentary canal, but extend to the muscular fibre after a time; but the chickens and ducks that we get dressed and ready for sale, only have the feathers removed and the head and feet cut off; and they are kept this way for days.

In conversation with a dealer a few days ago, an order was given for forty turkeys to be dressed this way, with the distinct understanding that they were not to be "drawn;" and they were not to be fed for twenty-four hours prior to the killing. While no trouble has arisen from the disposition of poultry and game thus handled; yet it goes without saying that this is not healthy; it is not sanitary, and it should be a violation of the law for poultry or game to be thus exposed for sale to the consumer.

In the matter of second-hand clothing there is no doubt but that the germs of disease are conveyed from one individual to another. A poor healthy person might be infected by clothing from the second-hand dealer that had been worn by a small pox patient or some other disease equally as contagious or infectious; then it would be hard to trace and locate the origin of such disease. Second-hand clothing should not be offered for sale until thoroughly fumigated; and our city ordinances should require this.

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Sir James Grant, Ottawa, was the guest of the Illinois St. Andrews' Society, Chicago, at its sixty-first anniversary, December 1.

PERSONAL MENTION.

Dr. W. A. Harrison has an office over Keys Institute.

Dr. Milton Vaughan has offices in the new Reigler Building.

Dr. W. E. Green has been called to Kansas City by the serious illness of his mother.

Dr. Zell, lately of St. Louis, has offices over Dashiell's Drug Store, Ninth and Main.

Dr. J. C. Land, Walnut Ridge, and Dr. W. B. Barnard, Wynne, visited the city recently.

As we go to press news is received of the shooting of Dr. W. J. Hornbarger, of Heber. No further particulars.

Dr. Neal Horton and Miss Maud Hobbs were married at the home of the bride's mother at Plumerville, November 21.

Dr. Z. N. Short, of Hot Springs, called to see the Secretary November 20. We regret that we were not in. Call again, Doctor.

Dr. L. H. Morphew, of Stuttgart, visited the Secretary while in attendance upon the session of the Grand Lodge A. F. & A. M.

Dr. J. P. Runyan was in Hot Springs December 5, attending the meeting of the association of the surgeons of the Rock Island System.

Dr. G. W. Fletcher, of Tillar, informs us that he would like to correspond with some one who has a second-hand White's anatomical manikin for sale.

Dr. W. H. Terry, of Forrest City, and L. P. Woolworth and James Parker, of DeVall's Bluff, were in the city attending the session of the Grand Lodge A. F. & A. M.

Dr. and Mrs. W. P. Illing will entertain the faculty and ladies, and students of the College of Physicians and Surgeons on Thursday, December 20, from 8 to 11 p. m. at the College.

Dr. S. C. Plummer, Chief Surgeon Rock Island System, located at Chicago, was in Little Rock on his way to attend a meeting of the Rock Island Surgeons, at Hot Springs. Unfortunately, he was taken sick while here and had to forego his visit to the Valley of Vapors for 24 hours.

Dr. W. R. Bathurst has an office in the new Reigler Building.

Dr Arthur B. Loving, Pine Bluff, has been appointed physician of Jefferson County.

Doctor, have you asked your legislators to support the Patent Medicine Bill? If not, you have failed in your duty. See them at once.

The suit of the City of Fayetteville against Dr. S. J. Brownson is reported to have been compromised, November 8, the defendant giving the city \$50. Dr. Brownson was fined \$300 in the police court last summer on the charge of the illegal sale of liquor.

At a meeting of the city council of Fayetteville, November 7, an ordinance was passed requiring registration of births in that city, under penalty of a fine of not less than \$5 nor more than \$20. An ordinance was also passed requiring physicians to report all cases of infectious or contagious diseases.

Dr. and Mrs. W. P. Illing, of the College of Physicians and Surgeons, have been presented with a handsome and valuable chest of silver by County Judge C. T. Coffman on behalf of the officials of Pulaski county, as a token of recognition of their services as superintendent and matron of the Pulaski County Hospital.

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THANK YOU.

Arkansas Medical Society, Little Rock, Ark.:

Gentlemen:—In compliance with the contents of yours of the 5th inst., I have memorized in connection with the account I keep with you, that you print my half page ad on the inside of your Journal for the year 1907 for \$25.00. I think probably it would be better for you to make contracts in duplicate and send me, or the correspondence will do me, if it will you.

You are now printing one of the best, spiciest and newsiest of the eighty medical journals that come to me. Keep on with the good work; your business will grow.

Very truly yours,

* * *

It is with pleasure we take the privilege of publishing this letter, believing that our members will appreciate the estimate placed on our Journal by this advertiser—one of the best in eighty! Again, thank you.

DR. J. W. McCONNELL DEAD.

Huntington, Nov. 27.—Dr. J. W. McConnell, aged 56 years, dropped dead at Booneville. He was president of Farmers' and Merchants' Bank at Booneville.

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DR. BITTINGER DEAD.

Dr. W. M. Bittinger, of Grady, died suddenly at his home in that place Sunday afternoon, November 14, at 3:30 o'clock. He had appeared in his usual health up to that hour and had stepped out for an armful of wood. While entering the door with the wood he fell and expired almost instantly. His death was due to heart trouble. Deceased was 55 years of age, and a member of the Masonic, Red Men and Knights of Pythias lodges.

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DR. KENNEDY, OF SPRING GROVE, KILLED BY A FRIKHTED HORSE.

Dr. Tyler Kennedy died at the Paragould Sanitarium November 23, at 2 o'clock, as the result of a horse kicking him on the right temple.

The accident occurred about 7 o'clock the day before at the home of Dr. Kennedy. The doctor went out to the barn to feed his horse, when he slipped and fell from the crib to the ground at the horse's feet. This frightened the animal and it commenced plunging and kicking, one of its hoofs striking Dr. Kennedy upon the right temple with such force as to crush the skull. The bursted portion of the skull was two inches in length and the bone was crushed into the brain tissue.

Dr. A. G. Dickson, of Paragould, was called, hurried to the scene and found that it would be necessary to remove his patient to the Sanitarium. He was placed in the Sanitarium at 3 o'clock and underwent an operation. Drs. Dickson & Dickson found that a blood vessel in the brain had been ruptured. They removed the crushed bone and clotted blood from the brain, but the victim never recovered. He lapsed into unconsciousness two hours after being kicked by the vicious horse and died without ever having regained consciousness.

The deceased was one of the most promising physicians in the county. He came to Greene county with his parents when but a boy from Kentucky. The Kennedy's located near Walcott, and since that time Dr.

Kennedy has lived in the county. He acquired a good common school education in the county schools, then spent one year at the State University. His medical education was obtained at a medical college in Louisville, Ky. He attended that college three years and at the time of his death was preparing to return to Louisville and take his fourth and completing year. Had he lived he would have left for Louisville next month.

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WHAT DOES IT MATTER?

It matters little when I was born,

Or if my parents were rich or poor,
Whether they shrank at the cold world's scorn,

Or walked in pride of wealth secure;
But whether I live an honest man,

And hold my integrity firm in my clutch,
I tell you, brother, plain as I can,
It matters much!

It matters not how long I stay

In a world of sorrow, sin and death;
Whether in youth I am called away,

Or, still in dotage, cling to breath;
But whether I do the best I can

To soften the weight of adversity's touch,
On the faded cheek of my fellow man,
It matters much!

It matters little where be my grave,

Or on the land, or on the sea;
By purling brook, 'neath stormy wave,

It matters little or naught to me;
But whether the Angel of Death comes down
And marks my brow with his loving touch
As one that shall wear the victor's crown,
It matters much!

—Old Scrap Book.

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ALCOHOL LOSING OUT.

Alcohol has lost its rank as a therapeutic agent, according to those in high authority. Among these are Sir Victor Horsley, F. R. S., Surgeon University College Hospital, London, Prof. G. Sims Woodhead, Professor of Pathology, Cambridge University, and Dr. Murdock Cameron, Professor of midwifery, Glasgow University. The attitude of the leaders in hospital and surgical practice points to the abandonment of alcohol in medical practice. Hospital statistics show a marked decline in the use of alcohol and in some instances its abandonment since the introduction of Listerism.

ITEMS AND NOTES.

The Recording Secretary of the Medical Society of Virginia reports the death of twenty-three of its members during the past year.

Malaria used to kill 15,000 persons a year in Italy. In 1902 state quinine was introduced, and last year the mortality fell to 7,835.

The honorary degree of Doctor of Laws has been conferred by Harvard University on Sir Thomas Barlow and Prof. C. S. Sherrington.

Ground has been broken in Edmonton, N. W. T., for the erection of a hospital for contagious diseases. It will be erected by the authorities of the town.

Plans have been filed for a six-story fire-proof training school for women at Bellevue, to have a frontage of 151 feet, a depth of 194 feet, and to cost \$575,000.

Dr. J. H. McCormack spent a part of the month of October and November in organization and addresses in Michigan, and the latter part of November in Ohio.

According to the American Machinist about forty city smoke inspectors held a convention in Detroit recently for the purpose of forming a National Association of Smoke Inspectors.

The pure food law will affect the brute world as well as human beings. Adulterated chicken foods and sawdust dog biscuits will be barred equally with impure food for human consumption.

The late Dr. J. E. Neild, of Melbourne, was for half a century a dramatic critic whose judgment was looked upon with particular respect in Australia. It is said that he "discovered" Madame Melba.

The steamer Foxley, which arrived at Boston, November 23, with a number of cases of beriberi on board, has been thoroughly cleaned and fumigated and the sick men sent to the hospital on Galloupe's Island.

It is intended by the editors of *Annals of Otology, Rhinology and Laryngology* to issue a special Fraenkel Festschrift of the annals (400 to 500 pages) this month, on the occasion of his seventieth birthday anniversary.

A rumor that Princeton University was about to make Jefferson Medical College of Philadelphia its official department of medicine has been officially denied by representatives of both institutions.

The death is reported from Frankfort, Ky., of a colored woman named Anne Jane Mitchell, who was fatally burned at the age of 117 years on October 11. Her husband who died recently, is stated to have been a centenarian.

Anthrax is reported to have appeared in central Delaware among the live stock, and many animals have died from this cause. The State authorities have ordered all the carcasses of dead animals burned, and are causing animals exposed to be inoculated.

The Boston & Maine Railroad Company has put in commission, with headquarters at Boston, a new hospital car. Among the special features are easy springs, spacious bed, nurses' quarters and cabinet, kitchen, independent heating and lighting and wide folding side doors.

At a recent inquest held in London in the case of an infant suffocated while in bed with its parents, the coroner stated that about 2,000 infants annually lose their lives in this way in England, there being in the neighborhood of 600 deaths from this cause in London alone.

Philadelphia keeps pace with the reported general increase of insanity throughout the United States. The latest report of the Philadelphia Hospital for Insane shows a total of 1,600 patients, an increase of 109 during the year. The total increase for the past ten years is 75 per cent.

Professor Neisser (Breslau) has been commissioned by the German imperial authorities to pursue his researches on syphilis, and will accordingly start on a second expedition to Batavia this month. He will be accompanied by Drs. Halberstadter von Prowaezek, Bruck, and Siebert.

The departure from Havana of the transport Sumner was delayed on November 3d, owing to the discovery that one of the infantry officers on board was suffering from yellow fever. The patient, who had only recently arrived in Havana, was taken to Las Animas Hospital.

Thomas H. Storey, an osteopath, of Los Angeles, has been fined \$500 for practicing without license, and must either pay or go to jail for 500 days. He appealed his case, but this is what the highest court did for him.

Major Paul C. Straub, surgeon U. S. army was decorated by President Roosevelt, on October 6, with a medal of honor for an act of heroism in saving the life of a wounded soldier in the Philippines on December 21, 1899.

The school of medicine for women in Moscow seems to be very popular among female candidates for the profession. About a thousand applications have been received, but the school has accommodation only for one hundred and fifty.

By the death of Professor Vierordt, of Heidelberg University, from cardiac paralysis on September 2nd, Medicine loses one of its great clinicians. Professor Vierordt was only fifty years of age. His classical book on Medical Diagnosis is widely known.

Notwithstanding its fogs, London has a lower mortality from tuberculosis than other European capitals. In 1904 it was only 166 per 100,000 inhabitants, as against 257.5 in Berlin, 254 in Milan, 256 in Madrid, 314 in Vienna, 383 in Paris, 387 in Moscow.

At a meeting of the trustees and officers of the Santa Fe Railway Employees' Association, at Temple on October 16th, it was decided to locate the Santa Fe Railway Hospital at Temple. This institution is to cost \$125,000; \$60,000 of this amount is now available for the erection of the main building.

The nineteenth meeting of the French Surgical Congress was opened on October 1 in the great amphitheater of the Faculty of Medicine. The president was Dr. Monprofit, a professor in the school of medicine at Angers, and there was a large attendance of eminent surgeons, both French and foreign.

By the will of Mrs. Virginia McRae Delgado, \$20,000 is bequeathed to Charity Hospital, New Orleans. To this sum a nephew of the testatrix, Mr. Isaac Delgado, has added as a gift \$180,000, making in all \$200,000, for the erection and equipment of a memorial building, to be known as the Delgado Memorial.

Dr. W. C. Philps, of Rocheport, Mo., committed suicide on November 15th, by drinking poison. He was 83 years old. Before taking the poison, he wrote a brief description of his life and directed it to be sent to the newspaper. Dr. Philps was at one time, Secretary of State under Gov. E. M. Pease, of Texas.

A congress of midwives was recently held at Dusseldorf, at which 228 associations, with a collective membership of 11,301, were represented. The discussions were not confined to midwifery, but ranged over a wide field, comprising such matters as measures for the reduction of mortality at birth and the use of antiseptics.

The Louisville city ambulance has been forbidden to make a run unless a patient is to be brought to the city hospital. It is claimed by the board of safety that the city has been greatly imposed on by calls from outside sources for the transportation of patients when the patients have been abundantly able to pay for a private ambulance.

An American physician who formerly practiced in El Paso, Texas, was recently convicted in Mexico, in conjunction with two other men, of having insured the lives of two men and murdering them to collect the insurance money. All of them have been sentenced to be shot, and the sentence has been confirmed by the supreme court.

The proposal has been made in Ohio to organize a special section of the State Association for the Study of Pathology. One of the objects to be accomplished will be the establishing of a uniform technique in carrying out tests and other pathological work so that statistics gathered from different sections of the State may form a reliable basis for deductions.

By the will of the late Mrs. Fannie Letitia Keating, San Diego, California, Dr. Henry T. Woodward is bequeathed \$10,000, and, after certain bequests are made, the will stipulates that all the remainder of her estate shall be invested and the proceeds applied to "the employment of one or more duly qualified medical and surgical practitioners, who shall devote all of his or their times and energies to the relief of the sick poor, either permanent residents or visitors to the city of San Diego, irrespective of sex politics and creed."

The Brussels School of Tropical Medicine, founded by King Leopold, was formally opened on October 16. Its principal object is the study of sleeping sickness. Dr. Van Campenhout, head of the Colonial Sanatorium at Watermael, is to be the director. It is intended that the school shall work in co-operation with the corresponding schools of London and Liverpool.

The immigration authorities have discovered at Philadelphia what they believe to have been a conspiracy to land in this country large numbers of Armenians who are now in London, all of whom, it is alleged, are suffering with trachoma. Three Armenians have been indicted in Philadelphia for attempting to bribe an immigration inspector through whose intervention it was hoped to introduce into the country the diseased immigrants. The Commission of Immigration estimates that there are in the neighborhood of 10,000 cases of trachoma among the aliens of New York.

Messrs. Lea Brothers & Co. announce the early publication of a new system of practice entitled *Modern Medicine*, to the editing of which Dr. William Osler has devoted more than two years. The work will appear in seven octavo volumes of about 900 pages each. In collecting material for this work Dr. Osler has not been hampered by geographical limits, but has enlisted the services of the leading medical thinkers throughout the civilized world, even to the recognition of the advancing medical thought of Japan. The work will completely represent the theory and practice of medicine in its most modern aspects.

The Carnegie institution has been bearing the expense of the publication of the new series of the *Index Medicus*. The subscription price is \$5.00 a year. A sample copy will be sent to any one writing to "The Carnegie Institution," Washington. The publication is a monthly. The volume for 1905 contains 1,241 pages and the index to the volume, 208 pages. The *Index Medicus* is invaluable and indispensable to any extended research in medicine or the collateral sciences. The publication of the first series was discontinued for want of support by the medical profession; and it is feared that, unless the present one is better supported than it is, the journal may again be discontinued.

Owing to the continued appearance of new cases of yellow fever, Governor Magoon has declared the districts of Cruces, Vanchula, Palmira, and Lajos, near Cienfuegos, to be an infected zone. Passenger trains running between Cruces and the other three towns will carry physicians, who will make inspections of the passengers en route. A detention camp will be established at Cruces, where non-immunes will be subjected to five days' observation before they will be permitted to leave the infected zone.

The Kings County Hospital Alumni Association has placed a bronze tablet 4 x 3 feet in the institution at Flatbush to the memory of the late Walter Reed, a former interne of the hospital. The tablet bears this inscription: "Erected by the Association of Ex-Internes of the Kings County Hospital to the memory of Walter Reed, M. D., interne in this hospital. 1871, Major and Surgeon, U. S. A., chairman United States Yellow Fever Commission, 1900-1901. He robbed the pestilence of its terrors and caused the cities of the Southland to sit in peace within their gates."

The members of the Porto Rico Medical Association gathered at San Juan, October 7, for the third annual meeting. Dr. A. Stahl in the chair. The president referred to the great work that had been done by the profession in regard to uncinariasis, and the present study of a morbid entity new in the pathology of the island, owing to its atypical manifestations. A communication on this subject by Munoz Diaz classified the disease in question as "spurious typhoid," the typical syndrome being conspicuously lacking and yet the microscopic diagnosis establishing the typhoid nature of the affection. He has also had occasion to observe various other atypical morbid entities traced finally to the malarial parasite by its discovery with the microscope. Among other speakers were Stokes, Lippit, de Quevedo, Figueroa and Lopez. The *Boletin de la Asociacion Medica de Pto.-Rico* for October contains some of the communications and also a diagram showing the increasing death rate in San Juan during the last two years owing to the progressive insanitary condition of the city. The mortality was 406 in 1904, 1,125 in 1905, and 608 during the first six months of 1906.

MY FOOL FRIEND THE MEDDLER.

(Address delivered at the Cumberland Presbyterian church, Little Rock, November 6, by Dr. Thomas Hunt Stuckey, Huntsville, Ky.)

In the twilight of a century that is sleeping, on the morning of a day that is buried beyond the reach of memory, a gentleman walked in a garden in the east, alone. The exact location of this garden, so famous in sacred and profane history, is lost in the mists of buried ages. Vague and mysterious as this country was in the haze of the world's horizon, we now believe, after over 1900 years have passed away since the dawn of christian civilization, that in one of the plains of Babylon, on the Persian Gulf, was placed the world's great garden, was begun humanity's historic march. On this dateless day, after every kind of animal that has since roamed the globe had been created, that wondrous specimen called man stood amazed and alone in God's imperial garden, and, yet, there was not one that had the tongue to tell him he was welcome.

Everywhere he saw a matchless splendor that he did not understand, a glory that he could not believe. The birds then built their nests in new made forests and sang their songs in boughs whose leaves still glistened with the pearls of the first morning of the world. Cardinals fluttered each morning in rippling streams and sat in sun-lit willows, stealing the golden glories from the sunbeams and dyeing their plumage with its unfading radiance. Black-birds without number swarmed in maple shades, their plumage glistening with the darkness from the first long night and kissed to golden by the lips of dawn. Yet immortal man saw nothing of the world's splendor. The laughing streams that flowed in sun and shade brought naught to him but their burden of sorrow, and the mighty river whose circling eddies mirror the moonlight and the stars and whose foaming shoals, leaping in glory and catching the rainbow in their spray only tire him with their never ending sound. The kings of the air and the forest came near and stopped awhile in silence, as if listening for a command from their new-made king; and hearing no sound from those lips of clay they stole away and left him lonelier than before. Weary with the wonders of this new world this first mortal walked in Eden's

courts, breathing the perfume from a thousand beds of roses and poppies that bow their heads and blush in modesty at the presence of a man. And there upon a bed of roses, with sunlight for a blanket, old Adam fell asleep, for, floating in the fragrance of the poppies was the spirit of slumber. What visions may have haunted his dreams we know not. Hardly was it a dreamless sleep like that which ends a day of long despair; more likely it was a period of quiet rest, in which the soul freed from daily struggle goes out in search of light of love, communing with kindred spirits, and then returns to the temple of a man, renewed by hopes of a resurrected day, revived by joys which the waking world will never know. On this first awakening man saw the fulfillment of God's best promise for the happiness of mankind. In the glory of morning man saw the immaculate queen of Eden with the light of God's life in her smiling face and he became indeed "king of kings" and "lord of lords;" and then it was that Eden first became a Paradise. God had smiled and in his smile was the light of morning. Side by side they walked through gleaming sun and fleeting shade, and when day was done and night came they slept amid a wilderness of flowers. And when morning came again they beheld the splendors of a paradise, a paragon of beauty, lovelier than an angel's dream. But by and by the scene is changed, the garden is closed and two pilgrims journeyed through the gloom bearing the burdens of the world. God had frowned and in his frown was darkness more terrible than the gloom of tempests. And there was begun that weary march through countless ages of toil and misery when humanity wandered without a guide, seeking the light from earth's first paradise, yet catching no glimpse of its lost splendor; for from the tongueless silence of the past there came no word of love.

You see, my friends, that it was woman who woke man from his first sweet slumber; and she has been meddling with his affairs ever since.

From the dawn of the first day to the close of the last sad hour human life is ever a mystery, a strange mingling of humorous stories and pathetic scenes. Paupers and princes are born each day, and the shadows of every night are falling alike upon the tombs of the great and the desolate graves

of the poor. Living in a world thus formed, where toiling millions are bowed by the weight of centuries of despotic power, and Kings of Mammon are wearing the crown of prolific idleness, while seated upon a throne of gold, he must indeed be an optimist who sees the lines of light through the gathering clouds of gloom, who can see a smile of gladness on the faces of those who bear the burdens of the world. I would that the king would take his crown of gold and give the beggar a bed, and every diamond would be worth the brightest star in the heavens; would that the Queen of Fashion would become imbued with a greater love for humanity and make a pillow with her robes for that head forever bowed with toil and care, and when the Queen lay upon her own pillow she could see through the darkness of the night one star brighter than all the constellations that form the milky way, one star that never fades.

An old, old story that has come down to us through centuries about a King of Asia, away up on the roof of the world, where most of the good old stories come from. Living in royal idleness, this King became discontented, as idle people usually do to this day. For lack of anything else to worry him, this ancient idler bothered himself about death, and after several of the soothsayers found themselves shorter by a head because they could not propose a plan to make the King immortal, the next one called upon to choose between a suggestion to the King and an introduction to the Lord High Executioner, naturally came forward with a solution, if the monarch would condescend to change shirts with a thoroughly happy man among his subjects, he could live as long as it pleased his fancy. No doubt you know the rest of the story, how the King filled the "wanted" columns, and kept all the royal bill-posters busy without the ring of a single perfectly happy applicant at the palace door-bell; how he became impatient, and began a personal pilgrimage throughout his dominions; how, beginning with the noblest, the richest and the highest in rank among his subjects, he found not one without some grievance; how he sought in every class and every walk of life in vain; and how, at last, he started home despairing, only to find by chance the long-sought happy man in the person of a pauper peasant digging merrily away in his barren little field.

He had every disposition to oblige the King; he had not a care on earth, but unfortunately he had no shirt.

That is the accepted version of the old-folk tale. But I do not believe it is a correct one. I have thought over the matter carefully, and have come to the conclusion that the peasant had a shirt. But, being human, he must have been cursed with that curse common to all humanity—fool friends.

They knew him to be a happy man, and they knew of the King's quest, that they so advised him that the shirt was in the laundry when the King came by.

They meant well, they always do, our fool friends, but they sent the pauper's chance for fortune and the King's hope for immortality down to wreck together, and blamed them forever after, one as a dreamer, the other as a failure, taking no blame to themselves, but all with the best intentions.

And there lies the danger that has beset us all, man and boy, girl and woman, since the world began.

Why, take the Garden of Eden, where there came the first proof of the superiority of woman over man, which she has maintained ever since. It took the very devil himself to tempt Mother Eve, but poor old Adam promptly fell a victim to the advice of a fool friend.

There can be no doubt that Eve advised that apple diet with the best possible intentions. Nor can there be the slightest doubt that when there were only two people on earth each of them had a fool friend.

But I do not mean to jest. In all earnestness I believe that the harm done in the world in sheer wickedness by one's enemies is incalculably smaller than the sorrow and regret sown broad-cast by the well-meaning meddler.

It begins in very baby-hood. The holiest sight vouchsafed to mortal eyes today is a young mother bending over the cradle of her first-born—that marvelous replica of the miracle of that Christmas night in Nazareth. About each infant head there seems to me to shine some faint rays from that glorious halo that circled the countenance of the Christ. The sweetest music is in their laughter, and there is a silent pleasure in watching their quiet slumber, and in their awakening there is the pleased promise of immortality. Their growth is like the most delicate flower, day

after day they open to you new views of their lives, and as they learn to live, to think and talk, they wind around your heart the most delicate tendrils of their love, and weave into your soul a tender thread so easily broken, yet when broken it still vibrates to the music of a higher life, it still responds to the touch of a nobler soul; and after they have passed through the years of childhood's supreme pleasures, we still cling to the sweet memories of their earlier days when the future pictured no sorrow, and all life was but a peaceful dream.

A few years ago a great surgeon in a Southern city brought before the class a little girl for a surgical operation. She was placed upon the table, and in her child-like innocence, she asked what they were going to do. The surgeon replied, "My little girl, we are going to put you to sleep," and with that faith born in Heaven she looked up and said, "I always say my prayers before I go to sleep," and there in the presence of that vast body of medical men, she knelt upon the table and said, "Now I lay me down to sleep," and that prayer which has given to millions of children their assurance of protection as they fall asleep in the darkness, or awake in the light, was answered that day; for across the surgeon's table were the shadows of an invisible wing, and an angel sealed her eyelids with a kiss of slumber. That One who notes every sparrow that falls gathered her unto himself, and here, and yonder, and everywhere in that vast amphitheater, heads were bowed as in the presence of a Supreme Being, and eyes were dimmed with unshed tears.

A doctor's life is a happy one, but in all its brightness it has pathetic scenes. You will learn to look upon life sometimes with doubt and misgivings as to its purpose and its plan, but close study will make you a humanitum and an optimist; there is no greater glory than that which is revealed in the study of man.

No day was ever so dark then but that we could see through the shadows some straggling beams of sunlight; no night was ever so still that we could not hear an angel's whisper in the passing breeze. As I grew and wandered by the stream each day repeating over and over again the query of its origin and its destiny, one day it seemed to murmur an intelligible story, and as I looked into its quiet face I beheld the heavens anew, and as

I heard its wondrous history I thought of the countless thousands of the dead who had drifted with the tide. Born in the shadows of some distant dale, this stream has followed through silent centuries to the sea, and the same unanswered questions of its mystery have sounded through wooded hills and died away on sun-kissed vales. What a type of human life! As it flows I think I hear the pulse beat of the ages. In its tranquil moments I see the soul that lies in slumber undisturbed by life's momentous questions, uninfluenced by ambition's restless dreams. But as its spray and its foam are broken in the air, or lost in the sands, I hear the heart throb that bespeaks a night of tempest and of storm. Flowing on, the river takes it in its mighty arms, administering its mercies to the beast of the field and the birds of the air, giving new life to the lilies on the way and fresh fragrance to the flowers that kiss above its tide, and greater glory to the boughs that band above it with their eternal blessing, and then at last, lost in the embrace of oceans I see the light of its splendor in the rainbow's crimson tide, and I read the blessed promise that the little stream will flow on till the last trump shall sound and the fragrance of the last flower has faded from the world.

Those were happy days—the day when we knew not of this fool friend. But there is nothing sacred to the fool friend. Instinct will teach that young mother more than we would-be wise men can learn from books or much observation about that baby. What experience she lacks she turns instinctively to gain from her own dear old-fashioned mother, or from the family doctor whom she trusts.

But the moment that her life task of safeguarding that tiny vitality into full strength and sanity and vigor has fairly begun—enter the fool friends.

Nine times out of ten all that blessed baby needs is to be treated like a healthy young animal, to roll and kick and stick its pink toes in its mouth, and breath plenty of fresh air. It would squeal with colic occasionally, and be pulled through the usual share of infantile ills with simple remedies, if it were not for the sweetly solicitous array of fool friends.

You know them—the woman with the only safe milk bottle; the one with the infallible infants' food; the one who insists on shelter

from fresh air, and the one who urges what would correspond to your plunging into a snow bank before breakfast; the one who insists that no matter what the baby may be taking, the only thing to do is to try that splendid prescription of Dr. So and So's—the simple fact being ignored that the difference between tweedle-dum and tweedle-dee often is the difference between life and death when it comes to dosing sick babies. But the fool friends buzz and buzz around every crib and cradle until the result is that King Herod would be an eligible candidate for the Presidency of the Society for the Prevention of Cruelty to Children if his work were compared with that jointly accomplished every year by these same women who are actuated only by the most highly commendable motives.

But luckily for the world's population, babies are facts, and consequently stubborn things. So the surviving become children, and, once more, there is a swooping down of the wolves on the fold. But the wolves are clad in the fleeci-est, whites of the altruistic lamb's wool—because they are unselfish, well meaning friends.

Now of all the mysteries since life began, I question if there is one more subtle than the unfolding of the child mind. By contact with the world the purest, simplest adult is of necessity versed past all possibility of full comprehension of the child. The man or woman who would force a system upon childhood; who would have children reared by rule and trained by fixed method, would insist upon cabbage being pink and moss roses fitted for cold slaw because both have leaves, and would make every buzzard a butterfly and every butterfly a buzzard because both have wings. But does any such problem perplex our dear friends with an unfailling system for the proper rearing of children.

Not for a moment! Johnnie Jones must eat this and act thus, and read only such books, because Johnnie Jones is so trained. Murder has entered many a boy's mind for the first time when such a fool friend's system has been adopted. And malice, hatred and all uncharitableness has been forced upon many a Susie Smith because her mother has succumbed to the well meant advice of the mother of some Sallie Simpkins.

It was an eight-year-old victim of such a

system that meekly asked his mother one day, "If I do all that will I surely go to Heaven. and do that way all the time up there?" "Yes, dear," was the smiling answer. "Then, mother, if I am real good that way all the rest of the week in Heaven, will they let me go to hell on Sunday and play with the little devils?"

From the bottom of my heart I reverence that child's protest against the cramp of cant imposed on him through friendly advice, if you please.

It is a solemn fact that there is a supposedly sane woman who has read aloud a chapter of Plato to her boy every day since his third birthday. Aside from the fact that she must be an expert skipper, or else the possessor of a remarkably expurgated edition of Plato, I should be tempted to lead a lynching party in this case, viewing it without prejudice. I happen to know, however, that this otherwise excellent mother lived five years in Boston. And Boston is the chief distributing point of every fool fallacy. The Civil War was one of their achievements. The Platonist nonsense is to me almost as criminal.

The fact is, speaking only for myself, if I were on a jury to try a prisoner confessedly guilty of every crime on the calendar I should be tempted to acquit him if his plea was this: "I am to blame, but I lived my early years by the most approved rules of child-rearing. I am a law-breaker, but my parents trained me according to the best advice of their best friends. I have committed all the offences charged, but I grew up on a system."

But just make me foreman of a jury that gives me a chance at one of those fool friends.

It is, however, in the next stage of life that they reveal most. Solomon, in spite of his early Mormon proclivities, earned justly the fame of being the wisest of men. Yet Solomon, you will remember, found a few puzzles too difficult for him to solve, and one of the things he declined to meddle with or advise about, or even to comment upon because it was past his understanding, was "the way with a man with a maid."

But does such a trifle as a young love with only such trifles as the happiness or misery of two lives dependent upon it perplex the busy members of the "Butters?" Not for an instant. Solomon in all his wisdom was

not arrayed like one of these in supreme assurance.

Pandora opened the box of human troubles, and thereby set the flock of fool friends flying. Have you ever heard of a love affair that outsiders did not undertake to settle?

Now every one of you have seen two callow young fledglings defy every law of worldly prudence and in disregard of every probability settle down and build up a home of ideal happiness. And you have seen "perfect matches" end in a household's speedy disaster.

Heaven knows it is a hard enough problem for parents and their children to solve. It is but a chance at best, and the "yes" or the "no" that means so much is spoken by them doubtfully after long and loving pondering.

Not so with the meddling match-makers. Suppose Romeo and Juliet did make a mess of it. Do you think that the people who really did stir up the trouble figure in the play? Not a bit of it. The day after the tragedy one set of them sat over their tea, or whatever they drank at 5 o'clock in those days, and said, "Well, I'm not surprised. That Juliet always was a forward thing. Not a bit like my girls. And if I have told Mrs. Capulet once I have a dozen times that her nurse was a tricky old thing."

And, take my word for it, down at the Verona Club another group of solemn old meddlers talked through their beards this way:

"I really think Montague is partly to blame. I warned him a year ago about that boy of his. No business-like habits. Running around all the time with that sporting chap, Mercutio. Bad, bad, very bad affair, of course; but if my advice had been taken it would never have occurred."

And as it was in Verona, so it is in Little Rock, and in every spot in civilization. Poor, old ignorant Solomon. How much more do some of our acquaintances know than he ever knew.

Now, if we were theorizing instead of discussing facts, it would seem likely that when once we had reached maturity and settled down for life we might expect to be freed forever of these pests. But we all know it is just the time when they begin really to get busy. Did you ever buy any desirable corner lots that were about two feet under water whenever it rained? Did you ever exchange good money for neatly engraved stock certi-

ficates that you will never part with—because you never can? Have not some of you permanent investments—painfully permanent ones—in gold mines that were never sunk and oil wells that never spouted? How many men and women have grown dissatisfied with a humdrum 4 per cent. and transferred a modest competency into the never-never land, where get-rich-quick dividends are supposed to be?

Most of us have been buyers of stocks or grains or cotton just at the moment to make bears happiest, and some of you have some of that very common thing, steel, common at home right now. And he who led you into these investments? You were not inspired to throw your money away.

It is on rare occasions only that you fall a victim to the schemes of the swindler. No. It is your friends you have to thank for that variegated collection of gold bricks, which every man accumulates during his career. The big thieves do not bother us. They are too busy with their nets in the Wall Street pools to angle directly with such small fish as we. It is not our enemies, not those indifferent to us. Invariably it is our dear friend, our friend whose good nature surprises us because we have no claim on him, our unnecessarily kind fool friend, who announces his desire to do us a good turn, and put us in on the ground floor. And the queer thing is that no sooner are we comfortably installed on the ground floor than our friend takes a walk around the block. Then the roof falls in. But it is all your fault—not his. He is always ready to prove it to you, and he is quite right.

Whatever happens to you, it is your fault when you are influenced by a fool friend. I confess I have not found out yet exactly how to keep from it. But that does not alter the fact.

Do not think for a moment that the fool friend is only dangerous to your money. You are lucky if he or she does not come after your life. You may think that because I am a physician I am unduly prejudiced in this regard. But I do not think so, because the only rule I am going to lay down is not based on any law of science or the schools, but merely on a broad principle of common sense. That principle is that no doctor worth his salt ever treated two people in identically the same way.

Whatever may be wrong with the external

or internal economy any sensible treatment must be dependent largely upon the idiosyncracies of the individual; the constitution, heredity, mode of life, age and physical peculiarities of each patient. But men who understand medicine are not miracle workers, and when they fail to make new lamps out of old ones on the instant, the fool friends come flocking. They are the first lieutenants of that ancient order of man-slayers, composed of Prof. Panacea, Manufacturer Cure-All and Dr. Quack. You know them. These kind well-meaning cranks. They are so anxious that you should be well and strong again, and a particular friend of theirs has been so much benefitted by this or that, that you must really try it. You know them. And the queer thing is that nearly all of them have a grain of truth in the ocean of their folly.

Some people eat too much. Therefore, they argue that all people should abandon breakfast-food monomaniacs! My, my, my! digestion by some stomachs. Therefore the world must become vegetarian. And the breakfast-food monomaniacs! My, my my! Some cereals are good. Therefore, you are to make your farewell to Nature's perfect fruits, fresh eggs, and all your appetite craves, and put all your hope of health in Hercules Husks, or some other horse food.

Exercise in moderation is essential to health. Therefore you are to be guided solely by the direction of some especially burly brute, whose lumpy, overtrained muscles are pictured in the back pages of magazines, and who will charge you \$50 to \$100 for directions that you can have for the asking from any boy who has had a year's fun in the school gymnasium. Massage is excellent in some cases. Therefore you can only be rubbed into recovery and slapping is your only salvation from every ill, from a hang to hydrophobia.

You are water-cured, and you are to touch no water and live on grape juice. You must be bare-headed, and you must on no account uncover the head, and must walk bare-footed in the morning dew.

And finally come our kind friends, the Christian Scientists and pass it all up to the over-worked Lord. Why, give me Sandow or Jim Jeffries and let me try everything systematically on them that has been recommended to any one of you during the past twelve months and I will guarantee them

both a position in a circus as living skeletons, provided they live through the ordeal.

Now, I am going to tell you a little professional secret. There isn't a blessed one of these "ologies" and "opathys" and cures and cultures that the wideawake physician does not use when it is needed. The only difference is that he does not prescribe for the sweet girl graduate of sixteen what he does for the gouty old clubman of sixty. There is some good in every one of these fads, but, because the sauce suits "Sister Goose" around the corner is no reason why "Brother Gander" should take the advice of his fool friend and spread it over himself.

As for Christian Science, so-called because it is neither Christian nor Scientific—why, because the intelligent doctor practiced it years before Mrs. Eddy was born. For many nervous troubles and for imaginary ailments that are real because they cause real suffering, it is a fine aid to the slow constitutional upbuilding. We simply call it suggestive therapeutics and bring about the desired sort of auto-hypnotism without muddling up religion with it. But don't fool with it when you break a leg or get typhoid or there are white patches in the child's sore throat. Wait till its something easy. And after you have taken your fool friend's "absent treatment," do like Mark Twain did and send in your payment with an imaginary check or an imaginary bank account.

I could take up in turn your relations with your lawyer and your merchant, with your servants and your social associates, and show you in turn how nine-tenths of the sad mistakes and the needless quarrels that make up the bulk of each life's sorrows are from misunderstandings brought about by the officious meddling of well-meaning, gossiping outsiders. But it would be merely summarizing the experience of every man and woman in the world to day. I do not fear an enemy. No man or woman whose life has been active and who has any strength of character can escape enemies. It is not pleasant. But it is not an unwholesome tonic with all its bitterness. There is in open antagonism the exhilaration of conflict. We brace ourselves for the blows, and though it stings, it does not come in the back. I may be led to hate, but I still honor the open enemy.

As for the common scold, the slanderer, and the vicious liar, we can well hold such reptiles in contempt.

Tennyson never spoke truer words than when he wrote:

"The lie that is all a lie can be met with and fought outright."

Therein lies the daily danger to us all from the class I have endeavored to picture this evening. The word "friend" is sacred to me. Save the word "mother" there is no other so noble a title in human speech as "friend"—the true friend. Those with whom I have been blessed I try to bind to me with hooks of steel. But of the usurpers of that title I can say no more than that it seems that Heaven itself must help you and me and all of us, for we can not save ourselves from the fool friend.

—X—

SOME SIDE REMARKS.

The hardest work that any industrious physician can do is to do nothing.

There are lots of doctors who are failures because they never attempt anything.

The hero, doctor, is the one who is on hand at the right time and that can "make good."

The two most important events in the career of any physician are his birth and his death.

Brother practitioner, if you are unable to achieve success, it is up to you to succeed without it.

When you meet a doctor of many deficiencies, you may expect to hear him talk of his difficulties.

Doctor, the sun shines for you as much as for anyone else. Reach out and get your share of the joys of life.

Doctor, you can distort somewhat the Scripture, so that it will read, "make your calling and collections sure."

Always be a builder. There are enough destructive forces of nature, at that sort of a thing without your assistance.

And, now, there remains these three: The whiner, the knocker, and the critic; but the rankest of them all is the critic.

Don't kick out the kickers. Cultivate them. Put them to work. Give them something to do. This will effectually shut their mouths.

There are some patients who know when they have said enough; but there are very few who have sufficient self-control to "put the lid on."

Doctor, if you have only one patient a year, these three things don't forget: Be thorough in your examination. Be sincere. Get your fee—if possible.

Don't get on the "Band Wagon," doctor, if you have to compromise your convictions. Better stay off and walk alone, than ride with the crowd and play double.

The time will never come on this old sphere when it is not a duty "to watch as well as pray." It is well, however, to allow as much honor to others as you ask for yourself.

Are you "going out into highways and hedges compelling those found there to come in" and enjoy the feasts of the society meetings? If you are not, you are falling a little short of what opportunity throws upon your slate of responsibility.

"Forsake not the assembling of yourselves together, and while you are about it, try to make the assemblage worth the while. You need not be an entertainer. You may "start something" by a simple question. At any rate, start something and keep it going.

—X—

The legislative council of Memphis has accepted the resignations of Drs. George R. Livermore, William Battle Malone, Max Henning and Frank D. Smythe from the City Hospital medical staff and has made the following appointments on the staff: Physicians—Drs. William T. Black, Louis LeRoy, Oswald S. McCown and Charles S. Morrow. Surgeons—Drs. Maximilian Goltman, David M. Henning, E. Michel Holder and William B. Malone. Obstetricians—Drs. Alexander Erskine and William B. Sanford. Gynecologists—Drs. James L. McLean and Frank D. Smythe. Oculists—Drs. Edward C. Ellett and Alexander G. Sinclair. Pathologists—Drs. William Krauss and James B. McElroy. Neurologists—Drs. George G. Buford and B. Frank Turner. Laryngologists—Drs. Pope M. Farrington and Richmond McKinney, and dermatologists, Drs. Marcus Haase and Robert G. Henderson.

A PRELIMINARY REPORT ON THE MOSQUITOES OF LITTLE ROCK AND VICINITY.

Dr. L. P. Gibson, President Pulaski County Medical Society.

Mr. President—We have, at a suggestion contained in your inaugural address delivered before the Pulaski County Medical Society November 20th of last year, appointed ourselves a committee to study and classify all mosquitoes to be found in and near this city, giving particular attention to the relation of Fourche Bayou as a breeding place for the species found here.

We, therefore, wish to present to the Society a brief preliminary report of the work we have done thus far in an investigation of the mosquitoes in Little Rock and vicinity.

We have had numerous interruptions in our work this season, which have prevented us from accomplishing as much as we anticipated, but we expect to extend it in the future to cover a much greater territory than at present, and if fortunate, we hope ultimately to extend it to every nook and corner of, at least, this State.

Hoping that you can make use of our present report, and trusting that we will be prepared to make a much more exhaustive one in the future, we have the honor to be,

Yours very truly,

JAS. K. THIBAUT, Jr.,

JAMES L. DIBRELL,

JNO. R. DIBRELL.

Committee.

MOSQUITOES.

(Family Culicidae.)

In this group are included all those insects commonly known as mosquitoes together with many other forms which, owing to the fact that they do not bite, will not be considered here. The group was formerly supposed to be a very small one, but recent investigations have shown it to be of considerable size, and a most important one, owing to the fact that some of its members are responsible for the transfer of certain diseases. Only a few years ago there was recognized in the United States but five genera of mosquitoes, whereas to day in this city alone we find more than twice that number, and yet we feel quite sure that future study will bring to light many more species, some of which at least will be new to science. Especially will this be true when the work is ex-

tended into those regions that are remote from cities and railroads.

We have thus far taken from this locality, twenty-seven species of mosquitoes representing four subfamilies and thirteen genera, as follows:

1. Subfamily ANOPHELINAE Theobald.

Genus 1. ANOPHELES Meigen. Species punctipennis Say. maculipennis Meig. crucians Wied.. barberi Coq.

2. Subfamily PSOROPHORINAE Mitchell.

Genus 1. PSOROPHORA Desvoidy. Species ciliata Fab. howardii Coq.

3. Subfamily CULICINAE Theobald.

Genus 1. Culex Linne. Species tarsalis Coq. territans Walk. pipiens Linn.

Genus 2. OCHLEROTATUS Arribalzaga. Species himaculatus Coq. trivittatus Coq. serratus Theob. triseriatus Say. aurifer Coq. sylvestris Theob. stimulans Walk. varipalpus Coq.

Genus 3. GRABHAMIA Theobald. Species jamaicensis Theob.

Genus 4. CULISETA Felt. Species consobrinus Desv.

Genus 5. JANTHINOSOMA Arribalzaga. Species posticata Wied. discrucians Walk.

Genus 6. LEPIDOSIA Coquillett. Species cyanescens Coq.

Genus 7. MELANOCONION Theobald. Species humilis Theob.

Genus 8. TAENIORHYNCHUS Arribalzaga. Species perturbans Walk.

Genus 9. PNEUMACULEX Dyar. Species signifer Coq.

Genus 10. STEGOMYIA Theobald. Species calopus Meig.

4. Subfamily URANOTAENIINAE Lahille.

Genus 1. URANOTAENIA Arribalzaga. Species sapphirina O. S.

In the foregoing the various species have simply been listed. below we give a few brief notes on each species, taking them up separately.

Genus Anopheles Meigen.

We have four of the seven recognized North American species belonging to this genus.

Anopheles punctipennis Say.

The most abundant Anopheles in this city. Scarce in the country. Taken mostly in out-

houses, seldom in dwellings; also along spring branches in the outskirts of city. Only fairly abundant anywhere in this locality. Collected from May until November.

Anopheles crucians Wied.

Scarce in the city and country, apparently more abundant in the country. Taken in stables and outhouses, very seldom in dwellings. Collected from May until November.

Anopheles maculipennis Meig.

The most abundant domestic mosquito in the bottoms, scarce in the city. Collected in the country all the year; in the city from August until November. This species is active all winter except in extremely cold weather, and even then those individuals that have taken up their abode in dwellings are disagreeably active. Most of the malarial outbreaks in the bottoms are traceable to this mosquito.

Anopheles barberi Coq.

Very scarce in the city and country. This is a very small mosquito, length of head and body about 3mm. We have taken this mosquito in dwellings.

Genus *PSOROPHORA* Desvoidy.

We have found only two species of *Psorophora* here. They are the largest mosquitoes we have seen.

Psorophora ciliata Fab.

Scarce about cities; fairly abundant in the country. A late species seldom to be found before July or August; taken sparingly back of Braddock's Park in August.

Psorophora howardii Coq.

We have this last mosquito only from the neighborhood of Braddock's Park; only a very few taken in August.

Genus *CULEX* Linne.

We have so far found only three species belonging to this genus, some of which are to be found throughout the year.

Culex pipiens Linne.

This species has probably a wider geographical range than any other mosquito. It is the most abundant domestic species here, and although found here in vast numbers we have not found it to be very annoying, it seeming to prefer the juices of plants and the blood of domesticated animals and fowls to that of human beings. Collected from April 1 until July 20.

Culex pungens Wied.

This species has been made a synonym of the above and for the present at least must be reckoned as such. This form appears to entirely replace *pipiens* after about July 20, remaining until cold weather. We have at least three of *Culex pipiens*, which if not distinct species, must be considered as seasonal varieties for the present. We hope, by careful breeding experiments to throw some light on this subject later.

Culex tarsalis Coq.

We took this species sparingly about houses in this city in October.

Culex territans Walk.

Scarce. Collected only from the outskirts of city from June until October 25.

Genus *OCHLEROTATUS* Arribalzaga.

We have taken eight species belonging to this genus, some of which we have found in this city.

Ochlerotatus bimaculatus Coq.

Collected only from the country. A mostly sylvan species, sometimes found near dwellings; taken in August.

Ochlerotatus trivittatus Coq.

This mosquito we have only from the country. Found mostly in the woods in July and August.

Ochlerotatus serratus Theob.

Another mosquito which we have only from the country, likewise a woodland species. Collected along streams in July and August.

Ochlerotatus triseriatus Say.

From the city and country; fairly abundant and a very vicious biter. Collected from May until November.

Ochlerotatus aurifer Coq.

Collected from the country only, in thick woods from May until October.

Ochlerotatus sylvestris Theob.

One of the earliest mosquitoes; abundant about lawns and shrubbery in the city and country, a vicious biter and very annoying in the city from April until May, after which it disappears from the city, but may be found in the country throughout the season.

Ochlerotatus stimulans Walk.

With the exception of one form of *Culex*

this is the earliest mosquito here. It hibernates as larvae; we have taken it in woodland pools early in March while the weather was still cold. A plentiful woodland species in the country from March 28 until June; scarce in the city.

Ochlerotatus varipalpus Coq.

Only a single male taken in this city in April.

Genus *GRABHAMIA* Theobald.

We have found but one species belonging to this genus so far.

Grabhamia jamaicensis Theob.

Abundant in the vicinity of Braddock's Park, only a very few from the city. Collected from June until October.

Genus *CULISETA* Felt.

We have found but one species.

Culiseta consobrinus Desv.

Taken at Oakland Cemetery in October; probably here also very early in the season.

Genus *JANTHINOSOMA* Arribalzaga.

We have two species, one of which is very abundant.

Janthinosoma posticata Wied.

A very abundant species in this city from June until July; in the country it becomes more plentiful as the season advances, seemingly replacing most of the other mosquitoes in certain localities. It is the most blood-thirsty mosquito we have met with.

Janthinosoma discruciens Walk.

The single badly mutilated specimen we received appeared to have the entire fourth hind tarsal joint white; the thorax had light scales toward the sides much as in *Janthinosoma lutzii*. Collected in the city in June.

Genus *LEPIDOSIA* Coquillett.

We have but one species; taken only from the country.

Lepidosia cyanescens Coq.

Collected sparingly in thick woods in August.

Genus *MELANOCONION* Theobald.

We have one species; it is to be found sparingly in this city.

Melanoconion humilis Theob.

A scarce mosquito about the city, but a most abundant one in the country. We have taken it from June until October.

Genus *TAENIORHYNCHUS* Arribalzaga.

We have one species which is very abundant in the city and country.

Taeniorhynchus perturbans Walk.

A vicious biter, entering houses at night. Collected in the city from May 3d until June the 15th, in the country from May until September.

Genus *PNEUMACULEX* Dyar.

Only one species, scarce.

Pneumaculex signifer Coq.

A few collected in the city in April; no more seen until October. This mosquito enters dwellings readily.

Genus *STEGOMYIA* Theobald.

We have collected but one species; it is quite abundant.

Stegomyia calopus Meig.

Found only in city; collected occasionally in April, abundantly from July 25th until cold weather; mostly in houses. This is the species formerly known as *Stegomyia fasciata* Fab.

Genus *URANOTAENIA* Arribalzaga.

We have found one species which is quite abundant.

Uranotaenia sapphirina O. S.

This small mosquito is abundant both in the city and country from June until October. Found along streams resting on the soft mud near the water; also about houses in thick vegetation, preferring damp places. We have been unable to make this mosquito bite and are of the opinion that it does not do so. It is seemingly a mud-sucker.

* * *

It will be seen by a careful comparison of the above notes that one species of mosquito appears to replace another as the season advances, and indeed we have found this to be the case, particularly here in the city. The common *Ochlerotatus sylvestris* is the first mosquito to become really troublesome. Beginning in the first weeks of April it is very annoying toward night, especially to those who are in the habit of spending their evenings on the porch. This continues until the early part of May, when this species seems to disappear altogether, its place being taken, however, by a larger and even more blood-thirsty mosquito—*Taeniorhynchus perturbans*. Not only does this mosquito cause

considerable annoyance out of doors, but quite often enters houses after dark. This mosquito continues its unpleasant attentions until June, when it too disappears only to be replaced by *Janthinosoma posticata*, the most vicious mosquito we have met with thus far. Luckily, however, *Janthinosoma* does not remain long, and so far as we know does not enter dwellings. We have been unable to collect them in this city after July 15, except in cemeteries and other wooded patches.

As previously noted *Culex pipiens* and its varieties, while quite abundant here throughout most of the year are seldom really troublesome.

Stegomyia calopus is here from July 25th until cold weather and is probably the most troublesome mosquito we have, since it feeds almost exclusively indoors, and generally by day.

We have here endeavored to give you a general idea as to the mosquitoes to be expected in this city and vicinity, giving as near as our knowledge on the subject will permit, date of appearance and length of time each specie remains. Let it be distinctly understood, however, that we do not consider these results, based on observations extending over such a brief period, as final. Owing to the fact that mosquitoes are so largely influenced by the weather, the time of appearance, etc., given for the various species listed here may vary considerably.

We have collected mosquitos from every part of this city and find them to breed here literally by the millions, there being not a single residence or business place in the entire city that does not furnish at least one suitable breeding place. Innumerable neglected ditches, small puddles resulting from hydrants and water pipes, rain barrels, obstructed roof gutters, and in fact any place where water stands for more than four or five days furnish excellent breeding places for the various species found here; and there are many such throughout the city. Besides these, we have found them to breed abundantly in barges and boats along the river, also in cemeteries where vases, urns and other receptacles in which flowers are kept, are allowed to stand indefinitely without changing the water. It is needless to say that we have not found them to breed in the Arkansas river or Fourche bayou, nor any of the larger creeks in the neighborhood of

the city as these are not at all suitable, owing first, to the fact that they are running streams, and secondly, that they contain great quantities of small fish, which together with many other natural enemies of the mosquito which rapidly destroy the larvae. The total absence of mosquito larvae in the lakes in both Braddock's and the City Park we attribute solely to the presence, in overwhelming numbers of small fish of the genus *Gambusia*, and not to the vast quantity of oil poured on these waters by the city authorities a year ago.

There was considerable talk last year of cutting the dam across Fourche bayou in order to facilitate the draining of the low ground lying between that bayou and the city on the south, and thereby rid the city of its mosquitoes. This measure was promptly and vigorously opposed by those residing in the neighborhood of this dam. At this point the fight was taken up by the local press and there was issued a perfect hail of editorials both in prose and verse. This in time brought beneficial results inasmuch as they brought to us requests from one or two prominent physicians urging us to give particular attention to the relation of Fourche bottoms as a source of the mosquitoes in Little Rock. This we have done and find the situation to be about as follows:

1st—That mosquitoes breed in Fourche bottoms in great numbers.

2nd—That the standing water in this place is supplied not so much by the overflowing of Fourche, as by numerous springs in the vicinity.

3rd—That the overflowing of Fourche bayou from time to time, is really for the most part beneficial, as in this way many of the small permanent pools of standing water to be found there are stocked with small fish, thereby rendering them unsuitable as breeding places for mosquitoes.

4th—That the mosquitoes in Little Rock as a rule are bred here and those in Fourche bottoms are bred there. While it is generally supposed that they are carried long distances by the wind, we have not found this to be the case except in rare instances, as they are weak flyers and during the high winds seek shelter in grass, shrubbery, houses and protected places. The greatest distance from their breeding place that we have found them to be troublesome is two hundred yards. Therefore except those living in that part of the city

immediately adjoining Fourche bottoms, we need have little fear of the mosquitoes bred there.

We do not consider it necessary in a report of this nature to give any detailed account of the individual mosquito, regarding either its life history or anatomical peculiarities. Those who desire such are respectfully referred to the works of the following well-known authorities, all of which we have consulted. Howard, Coquillett, Felt, Theibald and Giles.

The technical names used in this report are those adopted in Colquillett's recent work entitled: A Classification of the Mosquitoes of North and Middle America, and published as Technical Series No. 11, of the Bureau of Entomology.

The committee requests the doctors of the State to please send them samples of mosquitoes taken from their vicinity, that the investigation thus begun may be further prosecuted.

—x—
PULASKI COUNTY MEDICAL SOCIETY.

The regular bi-monthly meeting of the Pulaski County Medical Society was held at 8 p. m., December 10th. The essayist for the evening was Dr. J. P. Sheppard, who chose for his subject, "Syphilis," which was well received and the discussion which followed was generally participated in by the members present.

Report of officers and committees showed the Society to be in a prosperous financial and physical condition.

Election of officers for ensuing year resulted in selection of Dr. Anderson Watkins, president; Dr. John R. Dibrell, vice president; Dr. M. D. Ogden, secretary; Dr. Strodger U. King, treasurer (re-elected). A vote of thanks was tendered the retiring president, Dr. L. P. Gibson, and secretary, Dr. Oscar Gray, for faithful services and handsome results achieved during the year.

Dr. W. R. Bathurst was transferred from Nevada County Society to Pulaski County.

A creditable number of new members was added to the roster during 1906, and the Society will open the new year with flattering prospects.

—x—
BENTON COUNTY MEDICAL SOCIETY.

The Benton County Medical Association requests your presence at their annual reception given at the residence of Dr. J. N. Lind-

sey, Tuesday, November 13, 1906, at 8 p. m. Supper at Ho'el Southern at 10:30 p. m.

The above invitation was received after our last issue had gone to press, and we take pleasure in thanking the Society for their kindness, and regret exceedingly that it was utterly impossible for us to attend.

—x—
Fordyce, Ark., Nov. 29, 1906.

At the last meeting of Dallas County Medical Society the annual election of officers took place with the following results: C. J. March, Fordyce, president; G. S. Matlock, Tulip, vice president; W. H. Simmons, Fordyce, secretary; H. H. Atkinson, Fordyce, treasurer.

The meeting was the best held since I've been a member of the Society. From all indications Dallas County Society is going to take on new life and be what every Society should be—a help to every member.

Very sincerely yours,

W. H. SIMMONS,
Secretary.

—x—
PERSONAL NOTES FROM CLEVELAND COUNTY.

Dr. W. S. Stewart, who has been practicing at White Oak, Ark., for past fifteen years, has given up his practice, and after spending some time in the East, in post work, will probably locate at Pine Bluff.

Dr. Wm. Breathwit, for past ten or twelve years mill physician at Draughon, Ark., will go East shortly for post graduate work, after which he will probably locate at Warren, Ark.

Dr. W. L. Hartsell, of Pansy, Ark., will succeed Dr. Breathwit at Draughon, Ark.

Dr. A. J. Hamilton, of Calmer, Ark., has sold his property there and will locate at Carthage, Dallas county, Ark.

Dr. J. B. Barbee, of Kingsland, Ark., has sold his property at Kingsland and removed to Deming, New Mexico.

The Cleveland County Medical Society regrets deeply the loss of these members, but bids them farewell with the assurance that their good work here will not be forgotten and the prayer that God's richest blessings may be theirs wherever they may locate.

J. F. CRUMP, M. D.
Secretary.

FOURTH COUNCILOR DISTRICT MEDICAL SOCIETY.

The Fourth Councilor District was announced to meet at Monticello, December 5, at 7:30 p. m. It was hoped that we would have received a report from the Secretary of this Society for publication in this issue, and we may yet get it in time for the January issue.

—X—

CRAWFORD COUNTY MEDICAL SOCIETY.

Questions for December 27, 1906.

1. Explain the difference between methyl alcohol, ethyl alcohol and pentyl alcohol or fusel oil?
2. Chemical formula of sulphuric acid?
3. What acid is found in vinegar?
4. What is the function of the pancreas?
5. What are Heberden's nodes?
6. What is spondylitis?
7. What are the varieties of leukemia, prognosis and treatment?
8. What is pseudoleukemia?
9. What condition of the blood exists in pernicious anaemia?
10. What are the causes and treatment of pulmonary oedema?
11. What are the symptoms of strychnia poisoning and treatment?
12. Explain the diazo-reaction?
13. What are the puncta vasculosa?
14. Explain the action and uses of adrenalin?
15. The causes, progress and treatment of ophthalmia neonatorum?
16. Define asepsis, antiseptics and disinfectant?
17. Causes and treatment of tetanus neonatorum?
18. In operations upon the brain what anaesthetic is preferable, and why?
19. Thecitis and treatment?
20. Varieties and treatment of fistula in ano?
21. What is dodging time?
22. What relation exists between the pancreas and glycosuria?

PAY UP.

Little Rock, Ark., December 8, 1906.

Dear Doctor:

It is my duty as Secretary of Pulaski County Medical Society to inform you that your annual dues for the year, extending from December 1, 1906, to December 1, 1907, amounting to three dollars (\$3.00), and dues for Arkansas Medical Society, extending from December 1, 1906, to December 1, 1907, amounting to two dollars (\$2.00) is now due.

Special assessment account of. . . . \$

Please come prepared to pay same at next meeting of the Society.

Fraternally,

OSCAR GRAY, M. D. Secretary.

CONSTITUTION AND BY-LAWS.

Sec. 2. "The annual dues shall be \$3.00, and shall be payable on or before the annual meeting, for the election of officers. Any member who shall fail to pay his annual dues by April 1 shall be held as suspended without action on the part of the Society. A member suspended for nonpayment of dues shall be restored to full membership on payment of all indebtedness. Members more than one year in arrears shall be dropped from the roll of members."

Dr. Gray is a good Secretary. He goes after his State dues with the County and when his report is needed the collection will be finished. A splendid idea.

—X—

FROM DR. BARLOW.

Dermott, Ark., Dec. 13, 1906.

Dr. C. C. Stephenson, Little Rock, Ark.:

Dear Doctor:—We didn't have our District Medical Society meeting on the 28th of November, as I told you, but had to postpone on account of not having a programme. We will meet in Monticello December 19.

PROGRAM.

1. President's Address—Dr. W. A. Brown, Monticello.
2. Tetanus—Dr. Vernon Mac Cammon, Arkansas City.
3. Report of Case Placenta Praevia—Dr. B. G. Wood, Cominto.
4. An After-Dinner Speech—Dr. B. D. Luck, Pine Bluff.
5. Banquet—Given by the Local Physicians.

Yours fraternally,

E. E. BARLOW, M. D.

LETTER FROM CHIEF STATISTICIAN.

The following letters are herewith published that our members may help out in the proposed legislation.

DEPARTMENT OF COMMERCE AND
LABOR—BUREAU OF THE CEN-
SUS, DIVISION OF VITAL
STATISTICS.

Washington, D. C., Dec. 6, 1906.

Dr. C. C. Stephenson, Secretary State Medical Society, Little Rock, Arkansas:

Dear Doctor:—I have your letter of November 23, and have this day sent to the Presidents and Secretaries of County Medical Societies and to members of the legislature copies of the inclosed letters, together with Pamphlet No. 106, "Extension of the Registration Area for Births and Deaths."

I note that you request that they be sent after January 10, 1907, but I thought it well to send them now in the hope that every one would have ample time to get familiar with the subject.

Very respectfully,
CRESSY L. WILBUR, M. D.,
Chief Statistician.

Sent to Presidents, Secretaries, and Members of County Medical Societies, under date of December 6, 1906:

Dear Doctor:

I am sending you copy of Census Pamphlet No. 106, "Extension of the Registration Area for Births and Deaths," showing the results of work undertaken by this Bureau to improve the registration of vital statistics in this country as applied to the State of Pennsylvania.

Also please note extract from Resolutions adopted by the American Medical Association. I hope that your Society will appoint a special committee and make the subject of vital statistics—its importance to a modern sanitary administration and proper methods of registration—a matter of discussion, and that you will aid in the adoption of a suitable measure for this purpose in your State.

I am already in correspondence with the sanitary authorities, but desire to ask your personal interest in the subject, so that you can effectively co-operate with them. Any information that you may desire, including copy of a special pamphlet on "Registration

Laws for Births and Deaths," will be cheerfully placed at your disposal, and I shall be glad to personally correspond with you and extend the benefit gained in other States.

Very respectfully,
CRESSY L. WILBUR, M. D.,
Chief Statistician.

Sent to Members of the Legislature, under date of December 6, 1906:

Dear Sir:

I am sending you copy of Census Pamphlet No. 106, "Extension of the Registration Area for Births and Deaths," showing the results of work undertaken by this Bureau to improve the registration of vital statistics in this country as applied to the State of Pennsylvania.

This work has been undertaken in accordance with the specific authority of Congress, as stated in the Joint Resolution quoted on page 28. It is hoped that satisfactory action may be taken at an early date in States at present included in the "nonregistration area," as given in the table on page 2 of the pamphlet.

I am already in correspondence with the sanitary authorities and medical organizations of your State, and desire to ask your personal interest in the subject. Any information that you may desire, including copy of a special pamphlet on "Registration Laws for Births and Deaths," will be cheerfully placed at your disposal, and I shall be glad to personally correspond with you and extend the benefit of experience gained in other States.

Very respectfully,
CRESSY L. WILBUR, M. D.,
Chief Statistician.

—X—
To the County Societies! If you can not have a regular meeting, then let as many meet as can, and send the request to your legislators.

—X—
NEW SOUTHERN MEDICAL ASSOCIATION.

The society formerly known as the Tri-State Medical Society, consisting of physicians from the states of Alabama, Tennessee, and Georgia, has been abolished and a new association, known as the Southern Medical Association has taken its place. The new association has added three more States to the list, those of Mississippi, Louisiana and Florida.

LETTER FROM CHIEF STATISTICIAN.

Dr. C. C. Stephenson, Editor Journal of the Arkansas Medical Society, Little Rock, Arkansas.

Dear Doctor: I am sending you, in separate wrapper, copy of Census Pamphlet No. 106, Extension of the Registration Area for Births and Deaths, which I hope will be of interest to you.

The advancement of vital statistics in this country has been largely due to the efforts of the medical profession. If your State is included in the list of non-registration States, as given on page two of the pamphlet, I trust that the physicians of the State will take active measures to secure the passage and effective enforcement of an adequate registration law.

For this purpose, I shall be pleased to send copies of this pamphlet, with other information, to any of your readers, and to aid the health authorities and the medical profession in the work undertaken along this line.

Should you make any reference to this subject in your journal, I shall greatly appreciate the favor of a copy.

Very Respectfully,

CRESSY L. WILBUR, M. D.

Chief Statistician.

The above letter is published that our members may urge their representatives to work for the passage of some measure that will provide for the registration of Vital Statistics. There is no sense in our State remaining backward in this matter any longer. See your representatives and call their attention to the importance of the registration of Vital Statistics.

—x—

NEBRASKA GETTING MEMBERS.

Copy of letter sent to every non-member in the State of Nebraska:

Madison, Neb., December 1, 1906.

Dear Doctor:

There are in the State of Nebraska today about 1,700 physicians, of whom 700 belong to the Nebraska State Medical Association, and many more should belong. Before the next annual meeting in May, 1907, we hope to have a membership of at least 1,000.

This is the day of Organization. All classes of people realize this, and nearly all

act upon it. The medical profession, less assertive than others, has not become so closely organized as it should be. No deputies are commissioned to solicit membership for medical societies. Though they need it the least, the most advanced men in the profession are the most interested in medical society work. Time and money spent in membership and attendance at medical meetings, is well spent.—not lost. Almost without exception physicians ally themselves with local orders, as the Masons, Odd Fellows, pay from \$15.00 to \$30.00 initiation fees, and, perhaps, \$5.00 annual dues, mostly to be "good fellows." Good enough, but how much more important to his own, his family's and his patients' welfare to join the County and State Medical Associations which concern his profession,—his life work; and at an expense of \$3.00 for membership and annual dues, for both County and State Associations. Surely a physician's life work interests him to the extent of \$3.00 annually.

What a physician may reasonably expect to gain by membership in an association of his professional brethren is largely self-evident and needs but to be hinted at here. During the last few years at least fifteen State Associations have established and now own Association Journals, controlling the advertising pages thereof. Some State Associations, notably the Michigan, Illinois and Pennsylvania, furnish for their members, medical defense in malpractice suits. A State Fee Bill, the work of a united profession is a great desideratum. The fact that medical society membership gives physicians prestige with insurance concerns is not sufficiently appreciated by many. But why expand?

Of the method of organization only this can here be said: The county society is a component part of the State Association, much as the county convention is a part of the State convention, and is represented in the larger body by delegates. A physician who joins the county society by that act becomes a member of the State Association, and in no other way may membership in the State Association be gained.

I am told you are not a member of the County and State Associations,—if not, why not? Let me adjure you to join the county society at once, if there be one; if none,

organize one, and become a part of us, remembering that in union there is strength.

Fraternally,

F. A. LONG,

Pres. Neb. State Medical Association.

The above is the plan that the Secretary of the Arkansas Medical Society intended to follow had our County Secretaries reported the names of non-members in their respective counties.

—x—

PROGRAM

OF THE NINETEENTH ANNUAL MEETING
OF THE SOUTHERN SURGICAL AND GY-
NECOLOGICAL ASSOCIATION.

Held Tuesday, Wednesday and Thursday,
December 11, 12, 13, 1906, at Hotel Belvi-
dere, Baltimore, Md.

LIST OF PAPERS.

1. "Sulphate of Spartein in Surgical Prac-
tice," by Dr. Stuart McGuire, Richmond, Va.
2. "Should the Cervix Be Removed in Hys-
terectomy?" by Dr. J. Wesley Bovee, Wash-
ington, D. C.
3. "Two Cases of Extra-Uterine Gestation,"
by Dr. O. L. Shivers, Marion, Ala.
4. "An Improved and Accurate Method of
Locating Foreign Bodies With the X-Ray,"
by Dr. Robert Carothers, Cincinnati, Ohio.
5. "The Surgical Treatment of Thyroid
Disease, Based on Three Hundred Personal
Operations," by Dr. C. H. Mayo, Rochester,
Minn.
6. "Toxemia of Pregnancy," by Dr. W. M.
Jordan, Birmingham, Ala.
7. "Conservative Method of Managing Un-
descended Testicle," by Dr. Joseph Price,
Philadelphia, Pa.
8. "Subsequent Treatment of Laparotomy
Patients," by Dr. H. J. Boldt, New York,
N. Y.
9. "The Treatment of Senile Gangrene,"
by Dr. Edward H. Ochsner, Chicago, Ill.
10. "Two Single Surgical Tricks Worth
Knowing, With Instruments Used," by Dr.
Ap Morgan Vance, Louisville, Ky.
11. "Ovarian Fibroma," by Dr. Guy L.
Hunner, Baltimore, Md.
12. "On the Direct Transfusion of Blood

in the Treatment of Hemorrhage," by Dr.
Geo. W. Crile, Cleveland, Ohio.

13. "Cholecystectomy, When Indicated;
Some Operative Results," by Dr. I. S. Stone,
Washington, D. C.

14. "Surgical Treatment of Tuberculosis
of the Kidney," by Dr. Howard Kelly, Balti-
more, Md.

15. "The Report of a Case of Aerogenes
Capsulatus Infection," by Dr. A. J. Coley,
Alexander City, Ala.

16. "Appendicitis in the Negro," by Dr.
H. A. Royster, Raleigh, N. C.

17. "Dystocia Following Fixation and Sus-
pension of the Retroflexed Uterus," by Dr.
J. Whitridge Williams, Washington, D. C.

18. "A Brief Sketch of One of Baltimore's
Greatest Men, Horatio Gates Jameson, M. D.
His Greatest Contribution to Surgery, the
Occlusion of Arteries by the Buried Animal
Ligature," by Dr. Henry O. Marcy, Boston,
Mass.

19. "Cysts of the Omentum," by Dr. R. E.
Fort, Nashville, Tenn.

20. "Aneurismorrhaphy for Abdominal
Aneurism; Report of an Unsuccessful Case
With Autopsy," by Dr. John C. Munro, Bos-
ton, Mass.

21. "Final Results of Operations for the
Cure of Epispadias," by Dr. Walter B. Platt,
Baltimore, Md.

22. "Influence of Respiration Upon Devel-
opment of the Chest Deformity in Scoliosis,
With Its Relation to Application of Plaster
Jacket," by Dr. Michael Hoke, Atlanta, Ga.

23. "Intestinal Gas From a Surgical Point
of View," by Dr. T. C. Witherspoon, St.
Louis, Mo.

24. "The Place of Vaginal Section in
Operations Upon the Uterus and Ovaries,"
by Dr. Henry T. Byford, Chicago, Ill.

25. "Tuberculosis of the Kidney," by Dr.
Charles P. Noble, Philadelphia, Pa.

26. "Some Suggestions in Regard to the
Surgical Treatment of Empyema," by Dr.
Samuel Lloyd, New York, N. Y.

27. "Cystic Degeneration of the Kidney,"
by Dr. John G. Earnest, Atlanta, Ga.

28. "Foreign Bodies in the Urinary Blad-

der; Cystotomy," by Dr. C. E. Caldwell, Cincinnati, Ohio.

29. "Report of a Second Case of Ovarian Cyst in a Negress," by Dr. Southgate Leigh, Norfolk, Va.

30. "Title to be announced, by Dr. Maurice H. Richardson, Boston, Mass.

31. Title to be announced, by Dr. H. Tuholske, St. Louis, Mo.

32. Title to be announced, by Dr. F. W. Parham, New Orleans, La.

33. "Neoplasms of the Hyoid Bone," by Dr. Randolph Winslow, Baltimore, Md.

34. "Report of a Case of Ruptured Ovarian Tumor With Complications," by Dr. Rufus B. Hall, Cincinnati, Ohio.

35. "Hodgkins Disease—A Type of Sarcoma," by Dr. William B. Coley, New York, N. Y.

36. Title to be announced, by Dr. John B. Deaver, Philadelphia, Pa.

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DR. HORATIO C. WOOD MADE PROFESSOR EMERITUS AFTER RESIGNING.

Dr. Horatio C. Wood, for many years professor of therapeutics at the University of Pennsylvania, tendered his resignation to the Board of Trustees a few weeks ago. Continued ill health has made it impossible for him to take active charge of his work at the University. In accepting Dr. Wood's resignation the trustees made him an emeritus professor of the subject he formerly taught.

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L. W. Bremerman, A. M., M. D., of New York City, has been appointed Professor of Genito-Urinary Diseases in the New York School of Clinical Medicine, to fill the vacancy caused by the death of Prof. William K. Otis, M. D.

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A French paper says that there are 228,234 medical men in the world. Of these there are in Europe 162,333, distributed as follows: In England, 34,967; in Germany, 22,518; in Russia, 21,489; in France, 20,348; and in Italy, 18,245. In England the proportion of doctors is 78 to 100,000 of the population; in France it is 51, and in Turkey 18. In Brussels it is 241, in Madrid 209, in Budapest 198, in Christiania 181, in Vienna 140, in Berlin 132, in London 128, in Athens 123, and in Paris 111.

TO REGULATE THE SALE OF "PATENT MEDICINES."

Marianna, Ark., Nov. 12, 1906.

Dear Sir:

Arkansas needs a law regulating the sale of patent and proprietary medicines. Many are good but equally as many are frauds. This latter class take advantage of the fact that the public knows little about drugs. Over ONE MILLION DOLLARS are spent in Arkansas every year for patent and proprietary medicines and half of this goes for frauds. Besides robbing the people of half a million dollars a year these frauds and poisons are responsible for many drug habits and deaths. Don't you think it time something was being done to stop this? A law requiring all manufacturers of patent and proprietary medicines to print the formulae on the labels would expose the frauds and protect the public. It would enable one to distinguish between the genuine remedies and the frauds and poisons. It would not injure the sale of good preparations, but would force the fakes from the market. Such a law would prohibit frauds in medicines just as the pure food law prohibits them in foods. Don't you think the public is entitled to protection. As a legislator, please investigate this. The more you study it the plainer you will see that such a law is needed. Talk to your physician or any one else who is posted. The Ladies Home Journal through Some Patent Medicine Facts and Collier's Weekly through The Great American Fraud, are exposing great frauds in patent medicines.

You could do nothing better for your people than work for a law that will protect the sick and unsuspecting. Give us a pure drug law equal to the pure food law that Congress passed.

Yours respectfully,

C. T. DRENNEN, Hot Springs.
C. C. STEPHENSON, Little Rock.
M. L. NORWOOD, Lockesburg.
C. R. SHINALT, Little Rock.
O. L. WILLIAMSON, Marianna.

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PUPIL NURSES WANTED.

Wanted, young ladies for pupil Nurses at the Pulaski County Hospital. Apply to the Superintendent,

Dr. J. P. SHEPPARD,
Little Rock.

**SOME OBSERVATIONS ON TUBERCULOSIS:
PROPHYLAXIS: THE SUGGESTION OF
A STATE SANATORIUM.**

(By C. E. Witt, M. D., Professor Materia Medica
and Therapeutics, Medical Department,
University of Arkansas.)

(Read before the Pulaski County Medical
Society May 28, 1906.)

Mr. President, and Gentlemen of the Pulaski
County Medical Society:

I was asked by your Secretary a few days ago to write a paper on pulmonary tuberculosis and was given the freest liberty of discussing any part of the subject which I thought would be the most interesting and profitable to the Society. As there has been so much written and said of late about the treatment and general management of the disease, I concluded I would confine my remarks mainly to the consideration of its prophylaxis. It occurs to me that this phase of the subject is of the most vital importance to both the physician and the people. It is indeed bad for a father or mother to be afflicted with pulmonary tuberculosis, but worse still, if these parents have children in their homes to become in all probability victims of the disease. It is exceedingly unfortunate that so many of our people are afflicted with this fatal disease, but worse still, for these infected ones to be a source of infection to others with whom they come in constant contact.

It is unnecessary for me to call your attention to the fact that tuberculosis, in some of its many forms, is one of the most widespread as well as the most destructive, diseases which the physician is called upon to treat.

It is impossible to determine the exact mortality of the disease, but it has been pretty accurately estimated that fully one-seventh of all mankind die from its effects. While the disease is no respecter of persons it is found largely among the poor and laboring classes of our people. It is said that over 100,000 persons perish from this disease annually in the United States alone. Think of this wholesale loss of life and measure if you can the sorrow and misery attending this destruction of human life in our own civilized land—worse than the scourge of war—and yet we are so accustomed to it we have accepted it as inevitable.

We are told, which is true, that the most common mode of the introduction of tubercle

bacilli into the body, is by inhalation; and in consequence of this fact, the respiratory tract is the most frequent seat of tuberculosis. The tubercle bacilli become disseminated in the air through the sputum of persons afflicted with pulmonary tuberculosis. The sputum of such persons contains untold numbers of bacilli and does no harm as long as it is moist, but is scattered through the air when it becomes dry and pulverized and becomes a source of danger. It is also a recognized fact that the disease may be contracted from tuberculous milk and meat, and in such instances the intestinal tract is usually primarily affected.

While much may be done to alleviate, and in many cases to cure, the disease, the most important part of the physician's business, it seems to me, is to prevent uninfected individuals from contracting the disease rather than spend so much of his time and thought in the matter of treatment. It is a fact, which I suppose will not be denied by anyone, that tuberculosis is responsible for more deaths in the United States than any other infectious disease, and so far as I am able to determine, there is less being accomplished by the laity, the medical profession and our government to stop its ravages than almost any other disease.

Since Koch made his discovery of the bacillus tuberculosis in 1882, the infectiousness of the disease has been well understood by many of the profession, and just why more radical steps have not been taken to prevent its spread is hard to explain. I know a great deal of our work has been expended in studying the etiology, pathology, the clinical features, and the treatment of the disease, but an alarmingly small amount of work has been done to prevent people from contracting it.

I am of the opinion that the theory of heredity, which was promulgated by the profession many years ago and accepted as a fact by the laity, is not true, and has caused the death of the countless numbers of people. The people, and a great many physicians for that matter, think, that as there is no history of consumption in their families, they are immune. This kind of doctrine has been handed down from generation to generation.

How often does the physician hear some one remark, "I am not afraid of ever having consumption because neither of my parents and none of their ancestry had the disease."

Another theory, which I think is equally

false, is that a peculiarly suitable soil, a predisposition, a diathesis, is handed down from parent to child, and because of the inheritance of this suitable soil, the child will in all probability die of tuberculosis.

The medical profession made a very fatal mistake, in my judgment, in dogmatically teaching these two theories, as the etiological factors in the production of tuberculosis. It is curious as well as interesting to note the different definitions of pulmonary tuberculosis in our text books of twenty and twenty-five years ago, and the more recent and modern text-books. Bartholow, for example, in his book on Practice of Medicine, edition of 1886, says: "Pulmonary consumption is an inherited malady." Other works on practice of twenty and twenty-five years ago give a similar definition.

Osler, in his recent text-book on Practice of Medicine, says: "Tuberculosis is an infectious disease, etc." Anders also, in the last edition of his Practice of Medicine, defines tuberculosis as an "infectious disease, etc."

This idea of hereditary etiology of consumption has been so universally disseminated into the minds of the laity and physicians, that it will take years of hard work on the part of the medical profession to educate the people and force them to accept the fact that the disease is infectious and in all probability not hereditary. "Learn to unlearn what one has learned amiss," is a hard lesson. But this, in my humble judgment, is what we will have to do before we take any positive and effectual steps in the direction of preventing the spread of this great white plague. How many homes in our State, do you suppose, which have one or more consumptives dwelling therein? How many consumptives among all colors and classes of people in life are daily walking our streets expectorating in gutters and on sidewalks, who are as much a menace to public health as any or all of the infectious diseases?

I can only propound these questions, as no man knows the great number. Another important question might be asked: What is being done in these homes to prevent other members of the family or visitors into these homes from contracting this disease? The question can be easily answered. If there is a home in this State in which a consumptive lives, where proper precautions are being carried out to prevent the spread of the disease, it is an exception, and not the rule by any

means. Why? Because the average consumptive parent believes, and he has been taught to believe this by the medical profession, that if his child dies of the disease, it will be because it inherited it, and he takes it for granted that his child is doomed to die of the same disease from which he suffers, when if his child was properly cared for, it might live to old age and never have the disease. Let me hastily refer to a typical home in my own personal knowledge.

About twenty years ago a couple married in Randolph county, this State, and located on a farm in a healthful portion of the county. In a few years after their marriage, the husband discovered that he had pulmonary consumption. How he contracted the disease, I do not know. His case proved to be a chronic one. They lived happily together until about two years ago when the wife took what was called "catarrh of the throat." She had a slight cough and gradually lost flesh. Last February, one year ago, her catarrh and cough got worse and she began to have fever and rapidly became emaciated and extremely weak. I saw her in her home last July and found consolidation of the apex of the left lung, also abscess. Had sputum examined and found it swarming with tubercle bacilli.

When I entered the home I found her occupying the family room. A small paper box half full of sawdust was by the side of her bed, into which she was expectorating. The husband was sitting on the front porch and using the yard as a cupsidor. Upon inquiry I found that the improvised spittoon was emptied in the backyard daily. Fortunately, these parents have had no children, but have a little girl whom they are rearing. The wife has several sisters in the neighborhood and they have a number of children who were constantly visiting in this home. I felt that it was my duty to insist that the sputum be burned as it was expectorated, and I was bluntly told by the husband that there were no "germs" in what he and his wife were expectorating and that none of his people nor any of his wife's relatives had consumption; therefore, he argued that there was no danger in infecting others.

I mention this as a typical home in the country where millions of tubercle bacilli are being scattered to the four winds of the earth. These infected homes are not confined to the country at all. I venture the

assertion that there are hundreds of homes in the city of Little Rock where the tubercle bacilli are being expectorated in the yard and about the place indiscriminately. Consumptive fathers and mothers are sleeping with, and caressing their children from the time they are born until they are grown, and when on more of the unfortunates sicken and die of the disease, they take it as a matter of expectation and palliate their conscience by the belief that has been indelibly fixed in their minds—that their children inherited the disease from them, when the truth is, the little innocents contracted the disease in the arms of their uneducated fathers and mothers. Of course, I mean that they are uneducated in regards to the infectiousness of tuberculosis directly from one person to another.

Who is to blame for this state of affairs? The medical profession largely, of course.

It seems to me the time is here when the Pulaski County Medical Society should start a crusade against this, the most fatal disease, among our people. If our Society doesn't make a start in this direction, some other Society will do so, or this one will do so at a later date.

If the medical profession do not agitate this question, who will? The modern knowledge of the direct infectiousness of the disease demands that we educate our skeptical brother and the people on this important subject.

Who is responsible for the fact that we have no Board of Health with money and authority to do something definite and effectual in fighting the various infectious diseases within the borders of our State? I put the responsibility where it belongs, on the medical profession. The doctors of this State, or even of this Society, working in perfect harmony and with unceasing enthusiasm and agitation in the direction of a definite object should accomplish wonders; why not have a State sanatorium for the care of the financially poor tubercular subjects within her gates, as well as institutions for the blind, deaf and dumb and insane?

We all know the great advantages of climatic treatment of tuberculosis. But many of our people cannot avail themselves of the opportunity of going to these climates, and the next best possible thing to do is to establish an institution for the care of those who are not financially able to go to Mexico, Col-

orado, etc. There are three available methods of managing tubercular patients, which are worthy of consideration at the hands of the medical profession, our State and Municipal governments, namely:

- (a) Climatic treatment abroad.
- (b) Treatment in Sanatoria (in our State).
- (c) Management of cases in the homes of the afflicted.

The first will take care of itself, as those who are able financially, and so desire, would be allowed by any regulation of law to take the best climatic treatment that their financial condition would permit.

The second and third methods would have to be managed and looked after by such State and Municipal Laws that might be enacted.

Why should the State of Arkansas not erect a Sanatorium somewhere on the Ozark Mountains, and maintain it in every detail for the care of the poor unfortunate tubercular patients? They should become the wards of the State till they are cured and discharged, or until they die; this would at least give them a show for their lives and at the same time remove a source of infection from their neighborhoods and homes. Who will deny the possibility of curing a large per cent of the early diagnosed cases in a properly conducted institution of this kind who would otherwise have died?

The Reference Handbook of Medical Sciences says, in reference to the open air treatment in connection with Sanatoria: "This treatment has been brought to such a degree of perfection that it may almost be said to be *independent* of climate, that is to say, it can be successfully carried out wherever there is pure air, free from dust, protection from wind, and a moderate amount of sunshine—climatic conditions which are obtainable almost everywhere outside large cities."

A well equipped sanatorium affords the best opportunity for taking the open air treatment and the medical supervision is always at hand to insist upon the carrying out of every detail.

I believe this Society should elect some ways and means of laying this matter of a public Sanatorium before the legislative department of our State government. The scheme in all probability would be turned down by this body at first, but by persistent and unceasing agitation we would be sup-

ported by public sentiment, and the voice of the public press, and I am of the opinion the scheme would be favorably considered sooner or later. To say the least of it, the profession would shift the responsibility on the shoulders of those in charge of our State government.

The prophylactic or preventative treatment in the homes of tubercular patients offers today a great field for activity and holds out much promise for favorable results; I believe, however, that the best regulated home treatment is far inferior to the treatment received in well regulated, properly equipped Sanatoria. If however, our State and Municipal governments refuse to erect these institutions and benevolent organizations cannot be induced to do so, then the physician has nothing left for him to do but to institute a system of education in the homes of the tuberculous and among the laity, to incite the strong arm of public sentiment, and to invoke the voice of the public press to assist in his worthy crusade.

The physician should instruct the ignorant in matters of common every-day hygiene, sun-light, fresh air, clothing, feeding, bedding and, above all, the proper care of the sputa and other excretions from the body.

In conclusion I wish to make some suggestions to the members of this Society, which I think are of the most vital importance to a successful beginning of an earnest crusade against the spreading of his insidious disease. Each member of this Society should become at once a committee of one to teach the doctrine of the infectiousness of tuberculosis to the people, as he has opportunity when in the discharge of his professional duties, and to make an earnest effort to eradicate from their minds the idea that an individual is immune because there is no history of consumption in his family.

Every member should consider himself morally and professionally obligated to give specific instructions as to the management of cases of tuberculosis which have to be treated in the homes of the afflicted.

Let every physician in this Society use his best efforts and influence in the direction of the establishment of a Sanatorium by the State where patients may receive the benefit of the modern medical and open air treatment.

INSURANCE FEES AND LODGE PRACTICE. COMMITTEE ON INSURANCE.

Preliminary Report.

LETTER OF TRANSMITTAL.

Rochester, Minn., Nov. 28, 1906.

To the Editor:—I have the honor to transmit herewith the unanimous report of the Committee on Insurance. It will be noted that with a single exception this committee is composed of men who have had the honor of being elected president of the American Medical Association; not one of them makes insurance examinations. Therefore, their action must be looked on at least as disinterested and taken with the sole purpose of guarding the rights and interests of the individual member and upholding the honor and dignity of the profession as a whole. The investigations have lasted for months, including conferences with the officers of the leading companies which inaugurated the changes on which the complaints were based, and have been careful, thorough and impartial.

As the report shows, it is the opinion of all of us that the action of the companies was not only unwise, uncalled-for and unjust, but that the statement that it was made necessary by recent legislative acts in New York is not true. The New York Life, the original sinner in this movement against the profession, reduced the fees eleven years ago, and the Mutual and Equitable followed this bad example long before this legislation was passed.

Attention should be called, incidentally, to the fact that the New York Life Insurance Company has now reduced its fee to \$2.50 in some localities, a reduction so small that it can only be construed as a direct insult to the medical profession. The fact that the Manhattan Company, one of the best managed of the New York companies, continues to pay a flat fee of \$5, and informs me that they will continue to do so, is sufficient to refute the statement of the other New York companies. The Phoenix and the Commonwealth companies, which reduced the fee to \$3, are now paying the \$5 rate, and they, too, tell me that they shall continue to pay this rate.

I append a list of companies which pay a flat fee of \$5 and whose officers assure me in recent letters that there is ample margin from their income to continue to do so. All, or nearly all, of these companies do business

in New York, and all of them have not only dealt justly with their medical examiners, but have so managed all of their affairs as to escape scandalous charges. I am confident that the fee can be restored if the profession everywhere will act unitedly, promptly and conservatively.

Members of the committee were assured that some of the companies would be glad to restore the fee if the profession would unite in requesting it, and, in transmitting the report, I have no hesitation in urging County and State Societies everywhere to take prompt action with this end in view.

We urge, however, that the will of the majority be not made a test of membership, but that kindness, forbearance and moral suasion be substituted for the old spirit of ostracism and exclusion.

W. J. MAYO, President,
American Medical Association.

THE REPORT.

To the Medical Profession of the United States:—At the Boston session of the American Medical Association the undersigned were appointed as a committee to investigate and to report on the insurance-examination question. We were instructed to confer with the insurance companies which had reduced the medical examination fee from \$5 to \$3 and, if possible, to induce them to return to the original fee. Nothing could be done during the summer, owing to the fact that representatives of the companies, as well as some members of the committee were absent on their vacations, either in Europe or at other distant points.

At the earliest opportunity after the vacation the matter was taken up with representatives of the Equitable, the Mutual and the New York Life insurance companies. The last company, it will be remembered, had reduced its fees eleven years ago, and its officers declined at first to meet us in our official capacity. When this technicality was brushed aside it was found that none of these companies would restore the fee unless all should agree to do so. The New York Life Insurance Company apparently blocked the concerted action, essential to a restoration of the fee to \$5, and a compromise proposition, made by us, was also rejected. Therefore, our efforts to influence the companies

to restore the fee to a just and proper one have failed.

We were also instructed to make known to the profession, through the journal or otherwise, the results of the negotiations with the companies, and to advise what policy should be pursued in the event of failure to have the fee restored. In doing this the following facts should be stated:

First.—The reduction of fees was made by the companies without consultation with their examiners, either collectively or individually.

Second.—The companies insist that they be left to deal with individual physicians and not with the profession as a whole.

Third.—On the other hand, they themselves have practically agreed to stand together in maintaining the reduced, insufficient and, we believe, unjust fee.

Fourth.—The companies claim that physicians' fees were reduced on account of the legislation in New York. The facts do not warrant this statement. The fee was reduced by the New York Life eleven years before the present law in New York was thought of, and by the others before it was proposed. The recent action of the Manhattan, a New York company, restoring the fee to \$5, only emphasizes the correctness of our position on this point.

Fifth.—We find that the so-called economic measures instituted by these insurance companies have apparently been chiefly in the medical department, and that the medical department was almost the only one which was not smirched by the past history of extravagance practiced by the officers of the companies.

Sixth.—We believe that the companies can and should continue to pay a minimum fee of \$5 for medical examinations, which seems to us to be a reasonable and just remuneration.

These are the facts, and we refer the question to the County and State Societies for such action as they may deem wise and proper. We urge, however, that the will of the majority be not made a test of membership, in accordance with the modern idea in the profession that kindness and moral suasion should be substituted for the old

methods of ostracism and exclusion in all our work.

J. H. MUSSER,
Chairman.
JOHN A. WYETH,
WM. J. MAYO,
FRANK BILLINGS,
J. N. McCORMACK.

A PARTIAL LIST OF COMPANIES PAYING THE
FLAT FEE OF \$5.00.

North Western Mutual Life Insurance Co.,
Milwaukee.

Mutual Benefit Life Insurance Co., New-
ark, N. J.

Connecticut Mutual Life Insurance Co.,
Hartford.

The Manhattan Life Insurance Co., New
York.

Aetna Life Insurance Company, Hartford.

The Provident Life and Trust Company,
Philadelphia.

Commonwealth Life Insurance Co., Louis-
ville, Ky.

Boston Mutual Life Insurance Company,
Boston.

Citizens Life Insurance Company, Louis-
ville, Ky.

New England Mutual Life Insurance Co.,
Boston.

Massachusetts Mutual Life Co., Spring-
field, Mass.

National Life Insurance Co., Montpelier,
Vt.

Pacific Mutual Life Insurance Company
of California, Los Angeles.

—Journal A. M. A.

A NEW HOSPITAL FOR HONGKONG.

The wife of the Chinese Minister to the
United States, Madame Wu Ting Fang, has
caused to be built at her expense in Hong-
kong a new hospital called the Ho Nim
Ling, which has recently been opened by the
governor of the colony.

The New Orleans Polyclinic, now consti-
tuting the post-graduate department of Tu-
lane Medical College, opened most auspi-
ciously for its twentieth annual session on
November 5, 1906. There are already a
number of matriculates enrolled from Lou-
isiana, Texas, Indian Territory, Alabama
and Oregon.

SOCIETY WORK.

The New York Academy of Medicine.—
At a meeting held on Thursday evening,
November 15th, the Annual Discourse was
delivered by Dr. Roswell Park, of Buffalo,
whose subject was: Medicine and Surgery
in Classic Art and Satire. Illustrated. The
Section in Medicine held a meeting on
Tuesday evening, November 13th, with the
following order: Reading of the minutes;
Papers: (a) Some General Considerations
on the Pneumococcus and Its Infections, by
Dr. A. M. Pappenheimer; (b) Extrapul-
monary Pneumococcus Infections, by Dr.
John S. Thacher.

The New York Pathological Society.—
The following programme was arranged for
a meeting held at the Academy of Medicine,
on Wednesday evening, November 14th: Mi-
croscopic Preparations of Some Renal and
Adrenal Malformations, by Dr. Edwin Beer;
A Case Resembling Pseudoleucæmia in a
Canary; A Case of Arteriosclerosis with Pro-
duction of Bone and Bonemarrow in the Aor-
ta of a Cockatoo, by Dr. G. R. Satterlee;
A Case of Phosphorus Poisoning in a Chim-
panzee, by Dr. I. Strauss; Multiple System-
atic Sarcoma, by Dr. Charles Norris; A
Case of Primary Carcinoma of the Bile Ducts,
by Dr. A. M. Pappenheimer; Miscellaneous
Cases, by Dr. O. H. Schultze.

*The Medical Association of the Greater
City of New York.*—The following pro-
gramme was arranged for the meeting held
on Monday evening, November 19th. Report
of the committee on the death of Dr.
William P. Brandegee, Dr. Edward B.
Dench, chairman; Report of the commit-
tee on the death of Dr. William K. Otis, Dr.
Robert W. Taylor, chairman. Report of
the committee on the death of Dr. Edward A.
Wheeler, Dr. Frank C. Raynor, chairman;
Morphology a Necessary Factor in the Study
of Pathogenic Protozoa, with lantern dem-
onstration, by Professor Gary N. Calkins,
Department of Zoology, Columbia University;
Discussion opened by Dr. James Ewing,
Cornell University Medical College; The
Healthfulness of Food Preserved by the Sul-
phites, by Dr. E. E. Smith; Discussion open-
ed by Dr. Willis G. Tucker, Albany Medical
College. In future, meetings of the associa-
tion will be held on the third Monday in-
stead of the second Monday of the month,
as heretofore.

Southwestern Homeopathic Association.—An organization of the Homeopathic physicians of Southwest Texas was effected at San Antonio on November 8th to meet four times a year or oftener at the call of the president.

The Syracuse Academy of Medicine.—At a meeting of this academy held on Tuesday, November 13th, the following programme was presented: Resume of Gastric Digestion, Dr. F. P. Knowlton; Modern Methods in the Diagnosis of Stomach Diseases, Dr. H. L. Elsner; Present Status of Stomach Surgery, Dr. Frederick Flaherty. Discussion opened by Dr. W. B. Reid.

The Medical Society of the Borough of the Bronx.—The following programme was presented at a meeting held on Wednesday, November 14th; Reports of cases, histories, etc.; Papers: Systematic Syphilitic Treatment, by Dr. William S. Gottheil; Some Practical Suggestions, Essential to the Radical Cure of Hernia, by Dr. Irving S. Haynes; Discussion.

The Chatham County (Ga.) Medical Society.—At a recent meeting of this society, held at Savannah, the subject of free advertising by members was discussed, and it was decided to request the local newspapers not to print the name of any member of the society in connection with the account of any emergency or accident in which the physician was in attendance, unless it is to the interest of the public to know the name of the physician. This request to the press was signed by practically every reputable practitioner in Savannah.

Philadelphia Academy of Surgery.—At the meeting of the Philadelphia Academy of Surgery, held on Monday evening, November 5th, Dr. James K. Young showed a case of laminectomy for tuberculosis of the spine, with recovery; Dr. Harry S. Carmany exhibited a case of excision of half of the lower jaw and half of the tongue for epithelioma; Dr. Morris Booth Miller exhibited a case of rupture of the kidney; Dr. George Erety Shoemaker reported a case of sarcoma of the ischio-rectal fossa; Dr. John B. Roberts reported a case of true double lower lip treated by a plastic operation and a case of vicious union of a fracture, which was successfully treated by osteoma, nailing, and vertical traction; and Dr. R. P. McReynolds reported a case of gunshot wound of the spleen.

The Memphis and Shelby County (Tenn.) Medical Society.—The following programme was arranged for a meeting, held on Tuesday, November 20th: The Prescribing of Proprietaries, Fred Weiss, Ph. G.; Pharmaceuticals vs. Proprietaries, J. H. Furman, Ph. G., Ph. D.

The Middle Tennessee Medical Association.—At a meeting of this association, held at Shelbyville, on Friday and Saturday, November 16th and 17th, officers were elected as follows: President, Dr. W. G. Priorson, of Shelbyville; vice-president, Dr. Richard Douglas, of Nashville; secretary, Dr. W. A. Litterer, of Nashville. The next meeting of the association will be held at Murfreesboro in May, 1907.

The Saratoga Medical Society.—The programme arranged for a meeting held on Friday evening, November 16th, consisted of a symposium on Chronic Interstitial Nephritis, divided as follows: Aetiology and Pathology, Dr. H. R. Bentley; Symptoms and Diagnosis, Dr. R. R. Castree; Complication and Treatment, Dr. J. T. Sweetman, Jr. Discussion by Dr. Varney, Dr. Thompson, and Dr. Melick.

Philadelphia Pathological Society.—At the regular semi-monthly meeting of the Philadelphia Pathological Society, held on Thursday, November 8th, Dr. D. J. McCarthy showed a tuberculous tumor of the brain; Dr. H. R. Alburger exhibited an aorta showing acute infectious thromboarteritis; Dr. C. Y. White exhibited some miscellaneous specimens; Dr. C. B. Farr reported a case of bronchial calculi; Dr. J. D. Steele demonstrated Sahli's desmoid test and the muscle nucleus test; and Dr. R. S. Lavenson reported a probable case of typhoid meningitis.

The University of Pennsylvania Medical Society.—At the regular meeting of the University of Pennsylvania Medical Society, held at Dr. David Riesman's office, 1624 Spruce Street, November 16th, Dr. George W. Norris read a paper on the Study of Cardiac Disease from Simultaneous Tracings of the Arterial and Venous Pulses. Dr. George E. de Schweinitz read a paper concerning the Value of the Visual Field Phenomena in the Investigation of Certain Psychoses and Neuroses. Dr. J. P. Crozer Griffith read a paper on the Value of a Fat Free Diet in Indigestion in Infancy.

The Tri-State Medical Association, of Mississippi, Arkansas, and Tennessee, held its twenty-third annual meeting at Memphis, on Tuesday, Wednesday, and Thursday, November 20th, 21st, and 22nd, under the presidency of Dr. Allen E. Cox, of Helena, Ark. No further report has been received.

The Richmond (Va.) Academy of Medicine and Surgery.—The programme presented at a meeting of this academy, held on Tuesday, November 13, was as follows: Fraternalism Between Doctors and Druggists, by Dr. W. A. Andrews, of Baltimore; Flat Foot, by Dr. W. P. Mathews; Benign Structure of the Rectum, by Dr. M. E. Nuckols.

The Tri-State (Arkansas, Louisiana and Texas) Medical Association met in Marshall, Texas, November 14th, with about a hundred in attendance. The meeting was called to order by the President, Dr. Oscar Dowling, of Shreveport, La., who presided throughout the session. Rev. J. L. Massey delivered the invocation and Mayor Dan Heyn and Dr. J. H. Taylor welcomed the visitors in the name of the city of Marshall and the Harrison County Medical Society, respectively. Dr. R. H. T. Mann, of Texarkana, responded to addresses of welcome on behalf of the Association. The following program was rendered: *President's Address*, Dr. Oscar Dowling, of Shreveport, La.; *Direct Bronchoscopy and Esophagoscopy*, Dr. R. H. T. Mann, Texarkana, Ark.; *Carcinoma of Breast*, Dr. Joe Becton, Greenville, Texas; *Further Observations in the Local Use of Cocain Anesthesia*, Dr. T. E. Schumpert, Shreveport, La.; *Electricity*, Dr. W. K. Read, Texarkana, Texas; *Malarial Hemoglobinuria*, Dr. T. S. Ragland, Gilmer, Texas; *Intestinal Obstruction*, Dr. A. C. Gray, Bonham, Texas; *Report of Case*, Dr. J. L. Wilson, Alexandria, La.; *Ophthalmia Neonatorum*, Dr. J. O. McReynolds, Dallas, Texas. Upon the completion of the program, the following business was transacted: Drs. Oscar Dowling, of Shreveport; R. H. T. Mann, of Texarkana, and J. O. McReynolds, of Dallas, were appointed a committee to confer with the medical associations of the three States represented in the meeting, looking to some plan to prevent the spread of infectious diseases of the eye among children; reports of officers read and approved, and bills ordered paid; Secretary directed to request papers for Publication Committee of all who

were on the program but not present; officers were elected as follows: President, Dr. Holman Taylor, of Marshall, Texas; Vice-Presidents, Drs. A. U. Williams, of Hot Springs, Ark.; J. S. Wilson, of Alexandria, La., and Joe Becton, of Greenville, Texas; Councilors, Drs. Oscar Dowling, of Shreveport, La.; D. W. Bright, Louisiana; Jno. M. Reynolds, of Dallas, Texas, and Jas. F. Rosborough, of Marshall, Texas. Shreveport, La., was selected for next place of meeting; resolution of appreciation of courtesies extended by the members of the Harrison County Medical Society, their ladies and the officials and citizens of Marshall and Harrison county. A joint reception was tendered the Tri-State and Northeast Texas Medical Associations in the evening by the Harrison County Medical Society and their ladies. The reception was unusually well attended, and was enjoyed by all.

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POINTS TO BE REMEMBERED.

Antipyrin and spir. ether nit. cause a greenish color from chemical decomposition.

Sod. bircarb. and alkalies change the red color of tinct. card. comp. and tinct. cocci. to brown.

Salicylic acid is very insoluble in water. Liq. ammon. acet. dissolves it and yields a clear mixture.

The slightest trace of liq. ferri perchlor. in the measure-glass causes discoloration with liq. ammon. acet.

Mixtures of salicylate of soda and carbonate of ammonia, or spir. ammon. aromat., turn brown in course of a day or two.

Liq. ammon. acet. in small quantity will render it possible to dispense a perfect, clear, aqueous mixture of ammoniated tincture of quinine, instead of the thick, muddy mess usually seen.

In dispensing mixtures containing salicylate of soda, be sure the measure-glass is perfectly clean, as the slightest trace of an iron salt will result in a violet-blue appearance, and make the patient think that it is "not the same medicine" on account of the alteration in color.

Quinine in acid solution, if mixed with salicylate of soda, or salicylic acid, forms a semi-solid mass in the bottle.—*The Medical Summary*.

QUININE SUBSTITUTE IN MALARIA.

Some people do not tolerate the action of quinine very well and when this is the case, use the following:

Fluid extract gentiana,
 Fluid extract hydrastis, of each, 5iv.
 Fluid extract cascara, zij.
 Fluid extract myrica cerifera,
 Tinc. myrole comp., of each, zj.
 Calicin, gr. xx.

M. Sig.: To keep a chill off, give ten drops every hour until six or eight doses are taken, beginning so the last dose will come one or two hours before the chill is due. At other times give a dose every three or four hours.—Dr. J. A. Burnett, Wisconsin Medical Record.

—X—

TREATMENT OF TRACHOMA WITH RADIUM.

Dinger reports seven cures out of sixteen patients. The trachoma granules completely disappeared, but in three a conjunctivitis persisted which needed treatment with zinc sulphate. He says that the younger the patients the quicker and more perfect will be the cure, while in older cases and in those complicated with pannus more time is needed, but that the pannus and trachoma granules disappeared gradually, and the patients are rendered able to work. He prefers the treatment with radium to that with caustics, because it is quicker and painless, and he says that the patients prefer it to the mechanical removal of the granules, because the latter is very painful and necessitates entrance into the hospital.

—X—

OLD STREET CARS IN THE TREATMENT OF TUBERCULOSIS.

Prof. J. J. Welsh (International Clinics, Sixteenth Series, vol. ii., 1906, p. 100,) points out how discarded street cars are utilized in the Adirondacks, in the open air treatment of tuberculosis. The cars are placed north and south and the door situated at the northern end is closed up. The seats are removed and the walls wainscoted up to the windows. A car so arranged can be furnished and decorated according to the taste of the occupier. They constitute a cheap form of accommodation and are essentially practicable as they can be easily and thoroughly disinfected. Each patient can occupy a car to himself.

RADIUM IN TRACHOMA.

Radium has been successfully applied by Kardo-Sisoyeff in 38 cases of trachoma. The exposures were made every two or three days by means of a small tube containing about 10 milligrammes of radium. The tube was not pressed on the mucous membrane of the everted lids, but merely applied lightly and moved from place to place. The duration of each exposure was one minute. The benefit of the treatment was apparent as early as the second or third day, the granulations having become smaller, with very slight congestion. All forms of granulated conjunctivitis were treated, but the best results were obtained with papillary trachoma and diffuse infiltration. Especially in case of pannus the subjective symptoms were relieved by the second day, the lachrymation, photophobia, and spasmodic contractions of the lids.—Russky Vrach., No. 20, 1906.

—X—

WHEN IS "EARLY" IN OPERATING FOR APPENDICITIS?

Pond writes that just so long as surgeons persist in practising their art by rule, just so long will their work be unsatisfactory and their teaching unwholesome. When a surgeon tries to measure the danger of a ruptured appendix by hours, or still more, to put on such cases a time limit after which the inflamed organ becomes dangerous, the dynamics of pathology has not been reckoned with. The gravity of all infections is dependent upon (1) the virulency of the infective agent, whether it is simple or mixed, and (2) the degree of physical resistance possessed by the individual. It is most unfortunate, then, to have the teaching of eminent men expressed in hours. The author, therefore, offers an earnest plea that the cardinal symptoms produced by the pathological processes taking place in the structure of an organ be given the precedence over the matter of hours, and the proper importance be put upon these symptoms, irrespective of the time of their occurrence.—Ex.

—X—

ECZEMA OF BREAST.

Eczema of the breast should always be viewed with suspicion, for it may be a symptom of Paget's disease and precursory to cancer. In these cases the growth may for a long time appear as a superficial ulcer, and thus lead to errors in diagnosis.—Internat. Jour. Surgery.

REVIEW OF 1,500 OPERATIONS ON THE GALL BLADDER AND BILE PASSAGES.

Dr. William J. Mayo, Rochester, Minn., in an address before the American Surgical Association, May, 1906, said the mortality in 1,500 operations was 44 per cent. In the last series of 500 cases it was 3.2 per cent. Every patient dying in the hospital, without regard to time or cause of death, is counted as an operative mortality. Of operations for uncomplicated gall-stone disease, the mortality, one-third of 1 per cent., was due to accidental causes. Complications the result of delay caused more than nine-tenths of the death rate; 95 per cent. of all complications occur in patients who have had marked evidences of gallstone disease and ample period of good health for safe operation. Of 845 the mortality was 2.13 per cent. In the last series of 500 cases it was 1.47 per cent. Of 319 cholecystectomies, the mortality was 3.13 per cent. In the last series of 500 it was 1.62 per cent. The operation is indicted in all cases in which the gallbladder has lost its function, especially in cystic duct obstructions and for malignant disease. It is a slightly more serious operation than cholecystectomy, but has a growing field of usefulness in all cases in which the gallbladder is involved.

Common duct operations, 207 cases. Group 1, consisting of those cases having gallstones in the common duct, operated during the quiescent period; jaundice and infection moderate; 105 cases; 3 deaths; 2.9 per cent. Group 2, 61 cases; 10 deaths; 16 per cent.; in which there was active infection involving the ducts of the liver, and jaundice; patients suffered from Charcot's fever (fever and ague type); obstruction was severe, but not continuously complete. Group 3, 29 cases; 10 deaths; 34 per cent.; complete obstruction of common duct, in which no bile passes into the intestinal canal; elimination taking place by means of the kidneys and skin. Group 4, malignant disease; 12 cases; 4 deaths; 33 1-3 per cent.; gallstones present in nearly all. Pancreas involved in 86 of the 1,500 cases; 4 acute, with 2 deaths; 6 subacute, with 1 death; 9 cancer, with 5 deaths; 67 chronic, without marked effect on the mortality.

Don't forget that liq. ferri perchlor., with digitalis or cinchona, forms a black, inky-looking mixture. A small quantity of dilute phosphoric acid will make it clear.

FOR LOCOMOTOR ATAXIA.

Da Costa recommends the following:

- R. Silver nitrate10 grains;
- Confection of roses20 grains:
- M. Divide into 40 pills. Dose one or two pills thrice daily. Cease the administration after two or three weeks to prevent argyria.
- The following is Ringer's prescription:
- R. Extract of physostigma ..10 grains;
- Powdered ginger20 grains.
- M. Make into 20 pills. One pill three times a day.

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BEHRING'S TULASE REPORTED INEFFECTUAL.

Bernheim of Paris is the president of the *Oeuvre de la Tuberculose Humaine*. He created a sensation at the recent Antituberculosis Conference by reading an article describing his examination of a number of patients who are being treated by Krehl with Behring's tulase. Krehl himself was away on a vacation, but Bernheim was given every opportunity to examine the patients, study their clinical charts, etc., and he announced that the tulase treatment had evidently proved completely ineffectual.

—X—

CHLORAL HYDRATE INJECTIONS FOR GONORRHOEA.

Lopez Rodriguez recommends a solution of four grammes of chloral hydrate in two hundred and fifty grammes of water for cases of intense blennorrhoea, or urethritis of acute type, which is often accompanied by hæmaturia. The first injections only cause a slight sensation of heat, which, however, soon passes away. Three injections, as the rule, were given daily. They have also been successfully used in cases of urethral discharge of chronic character.—*Le Journal de medecine*, September 16, 1906.

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ADMINISTRATION OF POTASSIUM IODIDE BY THE RECTUM.

Tueyrat, at a recent meeting of the *Societe medicale des hopitaux*, stated that he had been using iodized enemata in tertiary syphilis where the patient's stomach would not tolerate iodides, and where the lesions had been unsuccessfully treated by mercury. He gave, daily one injection of marshmallow water (or starch water) containing at first two grammes (30 grains), which was progressively increased to eight grammes (or two drachms) of potassium iodide.—*Le Progres Medical*, June 16, 1906.



BOOK REVIEWS



The Secretary has received from the author, Dr. W. F. Arnold, Surgeon, U. S. N. (Retired), a reprint of paper read before the Middle Tennessee Medical Association, May 18, 1906, and published in the *South-ern Practitioner*, Vol. 28, No. 8, 1906, entitled "Harmful Parasites in Man."

The Secretary has received from the Census Bureau, Washington, D. C., the following: Tenth Census of the United States, 11th Census, Volume 2; Vital and Social Statistics, Volumes 1, 2, 3, 4; Vital and Social Statistics of Boston and Philadelphia; Vital and Social Statistics of District of Columbia and Baltimore; Vital Statistics of New York and Brooklyn. The works are all voluminous; many tables are to be found, the result of much careful and painstaking labor on the part of the compilers.

QUIZ. COMPEND.—Genito-Urinary Diseases and Syphilis. Chas. Hirsch, A. M., Assistant in the Genito-Urinary Surgical Department, Jefferson Medical College. Price \$1. Order of P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, Pa.

DIET IN HEALTH AND DISEASE. By Julius Friedenwald, M. D., Clinical Professor of Diseases of the Stomach in the College of Physicians and Surgeons, Baltimore; and John Ruhrah, M. D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. *Second Revised Edition.* Octavo of 728 pages. Cloth, \$4.00 net; Half Morocco, \$5.00 net. W. B. Saunders Company, Philadelphia. 1906.

This excellent work which has been presented to the profession is a second edition, which has been called for in a very short time. This alone speaks well for the efforts of Drs. Friedenwald and Ruhrah. These gentlemen have presented a book, which is, without doubt one of the best that has ever been written. To the student and practitioner this book will be found helpful in those cases that require diet. The authors have introduced one very practical feature which is a ready reference diet list which cannot fail to be very suggestive to one prescribing a diet. A splendid work.

A TEXT-BOOK ON THE PRACTICE OF GYNECOLOGY. For Practitioners and Students. By W. Easterly Ashton, M. D., LL. D., Professor of Gynecology in the Medico-Chirurgical College of Philadelphia. *Third Edition, Thoroughly Revised.* Octavo of 1096 pages, with 1057 original line drawings. Cloth, \$6.50 net; Half Morocco, \$7.50 net. W. B. Saunders Company, Philadelphia. 1906.

This medical text-book is a departure from the ordinary run of books on gynecology, the author being a man well versed in the subjects, which he undertakes to handle. This gives him considerable advantage in imparting a thorough knowledge of modern methods in the practice of gynecology. He not only tells you what to do and when to do, but *how* to do. The illustrations all the way through are clear and accurate. He goes into details with a degree of satisfaction that is highly commendable. The book has 1046 drawings, which were made especially for the work and under the specific supervision of the author from living models and dissections, and operating technic of the author and others. Taking all in all this text-book cannot be too highly recommended; all the changes that he incorporates are based on years of experience. A splendid work for practitioners and students.

PROCEEDINGS OF THE CONNECTICUT STATE MEDICAL SOCIETY, 1906; 114th Annual Convention held at New Haven, May 23 and 24. Editor L. R. Stiene. Published by the Society, contains 354 pages.

The Secretary of the Connecticut Medical Society has done his work well in presenting this annual volume of the proceedings of the State Medical Society. It is to be hoped that Connecticut will soon drop into line and journalize their Transactions. The State Journal has come to stay and it is a wonder that those States which are still getting out the annual volume do not realize this fact, and consider how much more satisfactory and economical it would be. To those Societies we would bespeak careful investigation of this improved method of publishing and preserving their record.

PHYSICIAN'S VISITING LIST (Lindsay & Blakiston) 1907, 56th year, containing dose table as revised in accordance with the new pharmacopeia, 1900. P. Blakiston's Son & Co., Philadelphia.

This is a splendid visiting list; well gotten up, and eminently fitted for the purposes for which it is intended.

DISEASES OF THE EYE. By L. Webster Fox, A. M., M. D., Professor of Ophthalmology in the Medico-Chirurgical College at Philadelphia; Ophthalmological Surgeon in the Medico-Chirurgical Hospital. Muslin, 296 illustrations; \$4. D. Appleton & Co., New York.

Dr. Fox has given us a splendid work on diseases of the eye, and it is a favorite with many practitioners. Dr. Fox has a world-wide experience, which enables him to prepare a work not only suitable for the student; but eminently well designed for the specialist. The work is comprehensive, well gotten up and splendidly printed. The illustrations are all good.

THE PRACTITIONERS' VISITING LIST for 1907. An invaluable pocket-sized book containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. The Weekly, Monthly and 30-Patient Perpetual contain 32 pages of data and 160 pages of classified blanks. The 60-Patient Perpetual consists of 256 pages of blanks alone. Each one in wallet-shaped book, bound in flexible leather, with flap and pocket, pencil and rubber, and calendar for two years. Price by mail, post-paid, to any address, \$1.25. Thumb-letter index, 25 cents extra. Descriptive circular showing the several styles sent on request. Lea Brothers & Co., Publishers, Philadelphia and New York, 1906.

THE AMERICAN ILLUSTRATED DICTIONARY. All the terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry and kindred branches; with over 100 new tables. By W. A. Newman Dorland, M. D. *Fourth Revised Edition.* Octavo of 836 pages, with 293 illustrations, 119 of them in colors. Flexible Morocco, \$4.50 net; thumb indexed, \$5.00 net. W. B. Saunders Company, Philadelphia. 1906.

The fourth edition of this well-known dictionary comes with quite a number of new

words and several new color plates. A remarkable amount of knowledge which is necessary for the student and practitioner is here presented in a very convenient form for the size of the work. The flexible covers and the excellent type, fine paper and light weight make this dictionary one greatly to be desired. The difference between this and the larger dictionaries is found in the fact that the definitions are not so voluminous. It has been said that there was only one word that could not be found in this new dictionary, and that is "Acapnia." The dictionary is strictly up-to-date and is recommended

OBSTETRICS FOR NURSES. By Joseph B. DeLee, M. D., Professor of Obstetrics in the Northwestern University Medical School, Chicago. *Second Revised Edition.* 12mo. of 510 pages, fully illustrated. Cloth, \$2.50 net. W. B. Saunders Company, Philadelphia. 1906.

This second edition of Obstetrics for Nurses, has been received and shows considerable revision and several new illustrations. It is most elaborate in detail. Intended primarily for nurses it certainly forms an excellent manual for students and young practitioners, who need a guide to follow in constant and effective obstetric nursing and technic. Dr. DeLee has done his work well and as a result there is no doubt but that this second edition will soon be exhausted. It is heartily recommended for the purpose for which it is intended.

PREVALENT DISEASES OF THE EYE.

By Samuel Theobald, M. D., Clinical Professor of Ophthalmology and Otology, Johns Hopkins University. Octavo of 551 pages, with 210 text-illustrations, and 10 colored plates. Cloth, \$4.50 net; Half Morocco, \$5.50 net. W. B. Saunders Company, Philadelphia, 1906.

Dr Theobald has written a work on the prevalent diseases of the eye, which is intended more for the general practitioner than for the specialist. Although he is eminently able to write for the specialist, yet, in this book, he has incorporated the results of all his experiences and has written them in such style and such a manner, that they are easily comprehended by the general practitioner. It is a pleasure to read Theobald, and the JOURNAL cheerfully recommends this work to the general practitioner and student.

THE TECHNIC OF OPERATIONS UPON THE INTESTINES AND STOMACH. By Alfred H. Gould, M. D., of Boston, Mass., Octavo volume, containing 190 beautiful illustrations, some of them in colors. Cloth, \$5.00 net; Half Morocco, \$6.00 net. W. B. Saunders Company, Philadelphia. 1906.

The general surgeon doing abdominal work will do no better than to purchase this book and read it. The technic of operations upon the intestines and stomach as given by Dr. Gould is certainly deep, yet comprehensive; while scientific it is plain enough for the general practitioner. The illustrations are good and one can scarcely see them without feeling courageous, and impressed with the feeling that he would be willing to undertake the more formidable operations without training. This work should be in the hands of all surgeons who operate upon the intestines and stomach.

SAUNDERS' POCKET MEDICAL FORMULARY. By William M. Powell, M. D., author of "Essentials of Diseases of Children;" Member of Philadelphia Pathologic Society. Containing 1831 formulas from the best known authorities. With an appendix containing Posologic Tables, Formulas and Doses for Hypodermic Medication, Poisons and their Antidotes, Diameters of the Female Pelvis and Fetal Head, Obstetric Table, Diet Lists, Materia's and Drugs used in Antiseptic Surgery, Treatment of Asphyxia from Drowning, Surgical Remembrancer, Tables of Incompatibles, Eruptive Fevers, etc., etc. *Eighth Edition, Adapted to the New (1905) Pharmacopeia.* In flexible morocco, with side index, wallet and flap. \$1.75 net. W. B. Saunders Company, Philadelphia. 1906.

The pocket medical formulary is intended for the young graduate and student, and as such will prove an extremely helpful resource.

MEDICAL GUIDE AND MONOGRAPH SERIES; Golden Rules of Pediatrics, Aphorisms, Observations, and Precepts on the Science and Art of Pediatrics, giving practical rules for diagnosis and prognosis, the essentials of infant feeding and the principles of scientific treatment, by John Zahorsky, A. B., M. D., Clinical Professor of Pediatrics, Washington University Medical Department, St. Louis; ex-Presi-

dent of the Bethesda Pediatric Society; Attending Physician to the Bethesda Foundlings' Home; Member A. M. A. and of the St. Louis Academy of Science; Editor of the *Courier of Medicine*; Author of "Baby Incubator," etc., with an introduction by E. W. Saunders, M. D., Professor of Pediatrics and Clinical Midwifery, Washington University, St. Louis. Order of the C. W. Mosby Medical Book Co., St. Louis.

There is no physician that treats diseases of children but what can read this book through with profit. The aporisms are clean cut, short, and to the point. The result of years of experience presented in a style that is fascinating, and the persusal of the work is relished more and more as one advances. No general practitioner should be without Dr. Zahorsky's work.

SURGERY, Its principles and practice by various authors editors by Wm. Williams Keen, LL. D., Professor of Practice of Surgery, and Surgeon of Clinical Surgery, Jefferson Medical College, Philadelphia. Volume I, with 261 distinct illustrations and 17 colored plates. Cloth, \$7; Half Morocco, \$8. W. B. Saunders Company, Philadelphia.

Volume No. 1 of this most excellent work has just reached this office. The well-known professional standing of the author and co-authors give it a weight which is within itself distinctive. There is no doubt but that Dr. Keen has selected for his helpers some of the very best authorities that can be procured. Volume 1 is excellently written and printed on splendid paper. The illustrations are all good. One thing in particular that marks this work, is that while it is voluminous, it is characterized with great clearness and plainness. There are no confusing theories to encounter. The surgeon who reads this work will get many valuable suggestions which come only through the years of experience that Dr. Keen and his helpers have attained. It is a pleasure to read the work, and we await with anxious interest the completion of the five volumes. The surgeon owning this work will have a complete library on surgery; as it is intended that no surgical subject be omitted. It would be hard to recommend this work too highly. There is no doubt but that the profession will soon exhaust the first edition of Volume 1.

ATLAS AND TEXT-BOOK OF HUMAN ANATOMY. Volume I. By Professor J. Sobotta, of Wurzburg. Edited, with additions, by J. Playfair McMurrich, A. M., Ph.D., Professor of Anatomy at the University of Michigan, Ann Arbor. Quarto volume of 258 pages, containing 320 illustrations, mostly all in colors. Cloth, \$6.00 net; Half Morocco, \$7.00 net. W. B. Saunders Company, Philadelphia. 1906.

While this book is intended chiefly for the student and general practitioner, there is no doubt but that it is a splendid work for those who wish to make anatomy a special study. There is a certain amount of confusing detail in a great many of the older atlases that is absolutely useless to the general practitioner. This, however, has been purposely avoided. As a result of this the work is a clear-cut text-book which is of great practical value. It is by far the best anatomy that we have seen. There has been no illustration omitted which would have made relative parts more easily understood. The plates are excellent; in fact, they would be hard to improve upon. A glance at many of the plates will bring back to memory the anatomical lectures received in the student's halls. Volume No. 1 has been taken up with the bones, ligaments, joints and muscles only. It reflects great credit not only upon the author, but upon the distinguished men who have assisted; and it certainly speaks well for the

W. B. Saunders Company press. The next volume, we are informed, will be printed soon. Taken altogether, this is the best anatomy that we have seen.

A TEXT-BOOK OF OBSTETRICS. By Barton Cooke Hirst, M. D., Professor of Obstetrics in the University of Pennsylvania. *Fifth Revised Edition.* Octavo of 915 pages, with 753 illustrations, 39 of them in colors. Cloth, \$5.00 net; Half Morocco, \$6.00 net. W. B. Saunders Company, Philadelphia. 1906.

While this is principally a text-book on obstetrics for the student, it will be found an excellent reference book for the general practitioner. Dr. Hirst has had in view the wants of both in preparing this text-book. The illustrations are all good, and quite a number of them being in colors; and they all convey to the mind of the student such a picture as will only come in the actual practice of this branch. One who has been in the general practice, when looking at the illustrations, will recall many real cases that he has had to encounter. This work is a splendid effort and Dr. Hirst has done his work well. To the student and general practitioner wishing an up-to-date text-book on obstetrics we can conscientiously recommend them to purchase this work.

All of the above-mentioned medical books may be procured of A. C. Read, College Agent, Little Rock.



THE JOURNAL

OF THE
Arkansas Medical Society

VOL. III

LITTLE ROCK, ARKANSAS, JANUARY 15, 1907

No. 8

Papers Read and Discussions on Same

Before the Arkansas Medical Society, Hot Springs, May 8-10, 1906.

CHAIRMAN'S ADDRESS OF SECTION ON SURGERY.

Knowing that my able predecessors have already given you all the advancement in surgery up to within the last twelve months, I hope the Society will pardon me for selecting the subject of this address. For after investigating and communicating with the editor of the Journal of the American Medical Association, I find there has been very little advancement in surgery in the last twelve months, except in perfecting the technique of the various operations, with which you are all familiar.

I have taken for the subject of this address:

"WHAT CONSTITUTES A GOOD SURGEON?"

Some one has said that when one can cut and think at the same time he is a good surgeon. I beg leave to differ with the author of this statement. That expresses my idea of a good operator, and to be a good operator is only one of the requisites of a good surgeon.

The day is fast approaching when brilliant operators will cease to be classed as surgeons. The requirements of a surgeon are broadening all the time, and he will be required to carry a much broader field of knowledge, not only of the surgical, but of the medical and electrical side of treating disease.

Since it has been demonstrated that the X-ray has the power of symptomatically curing epithelioma, changing carcinoma cells of the female breast into connective tissue cells, curing tuberculosis of the testicle, as per report of case by Garmo in full (which I will not take up your time to read.)

Dr. Garmo (Medical Record) is not aware that any case of tuberculous testicle treated with the X-ray has been reported, and therefore considers even one case worth placing in the literature.

"The patient is 56 years of age. The left testicle began to swell eight years ago, and five years later, long after the diagnosis of tuberculosis of the testicle had been made, the patient finally consented to an operation, and the testicle was removed."

"Prof. H. T. Brooks examined the specimen and reported the condition as one of typical tuberculosis. About two months after operation, swelling and nodulation were discovered

in the right testicle, and within the next four months it became nearly as large as the left had been, or about the size of a small orange.

"The patient showed great repugnance to the removal of the testicle and the X-ray was thought of. Dr. T. B. Carpenter reports that within ten and a half months the patient received 1262 treatments with the X-ray. A medium tube was used, and the distance was about ten inches. Following the first exposure the pain was eased and gradual improvement followed from then on, until finally the testicle returned to its normal size and condition.

"When the serious effects of castration on the mind and intellect of the patient are considered, it is readily apparent that this new method of treatment deserves very earnest consideration."

You see the surgeon will not only be compelled to recognize the X-ray as a means of diagnosis, but as one of the means of treating such diseases. Thousands of lives that were sacrificed would have been saved had the same principle been applied in treating acute appendicitis, that the throat specialists apply in acute tonsillitis—that is, never to operate in the acute inflammatory stage.

The oculists have known for years that all forms of exudates, adhesions, and even pus formations, inside the eyeball, have been handled by nature. Had the surgeon learned the same lesson as early as the oculist, and applied the same principle in treating disease—that is, of never operating in acute inflammatory stage except to establish drainage—it would have been much better for his patients and himself.

What, then, are the requisites of a good surgeon?

1st—He must be a good anatomist.

2nd—A good diagnostician.

3rd—A skilled operator.

4th—He must thoroughly prepare his cases; and select the proper time and stage to operate.

5th—Be surgically clean, and

6th—Last, but not least, broad enough and conscientious enough to take the general practitioner and the electrician in full fellowship.

SOME FURTHER OBSERVATIONS ON THE USE OF FORMALDEHYDE SOLUTION FOR THE CURE OF EPITHELIOMA.

(By Dr. Leonidas Kirby, Harrison.)

I am glad to say that next year under our by-laws a paper will have to be read before the County Society before it can be sprung on the State Society in annual session. It may be a good thing for me that this rule is not now in force, for the reason that most likely the County Society would have shut out this one as of not much importance. My paper has one good point, it is not long. That is its redeeming feature.

My first observation was published in the Transactions of the Arkansas Medical Society in the year 1903, wherein four cases of epithelioma were reported as having been treated with formaldehyde solution, and apparently all four patients were cured, three of which have remained well. In one patient about a one year ago the epithelioma returned, showing itself in the original sites and surrounding localities, the growths originally being multiple. Including the relapsed case, since 1903, I have treated five cases of epithelioma with formaldehyde solution, and apparently all the cases are cured. In four of the eight cases the cancers had ulcerated through the thickness of the skin, the ulcers being the size from one-fourth to one inch in diameter, the other four having only reached the scaly stage.

The axillary and cervical lymphatics were not involved in any of the cases.

I use a forty per cent solution of formaldehyde when I apply it; on the other hand, patients are supplied with a twenty per cent solution for use at their homes.

As a rule, the medicine is applied once a day, unless the parts become too much inflamed, when quit the use of the formaldehyde for a few days until the inflammation subsides, in the meantime use some simple soothing application like olive oil.

In using the formaldehyde solution it is best to apply it more freely around the cancerous growth on the apparently healthy skin or mucous membrane, than upon the cancer.

As cancer in its first stages is local, and can then be cured, any remedy that we can get the people to use in the early stages of the disease that will cure, is the remedy. We too well know how slow the laity are to resort to the knife, they also object to the X-ray on account of its cost; in formaldehyde solution we probably have the remedy for superficial epithelioma.

DISCUSSION.

Dr. Snodgrass: I think it is establishing a bad precedent to use formaldehyde in epithelioma. The result that we get is less satisfactory than if you remove the growth with a knife. My experience is that formaldehyde is only a destructive agent. There has been a number of cases reported cured that were carcinoma; but the old cancer returned. I

think we could remove it just as well by taking a knife and cutting it out and running the risk of its reappearance, as to take chances with administration of formaldehyde. The application is quite painful.

Dr. Canfield: I always like to hear Dr. Kirby; he always reminds me of Santa Claus for two reasons: He is always so jolly and bright, and, like Christmas, he is sure to bring something good!

I want to ask him how long he makes these applications, how constantly; and especially when near the eyes, how he overcomes the kick that they make.

Dr. Kirby: In reply to Dr. Snodgrass. I know that formaldehyde will blister and said so in my paper. It will pain, too. But if you will notice, I said apply it rather around more than upon the growth. In the original paper I said that the skin or the mucous membrane, as the case might be, under the formaldehyde treatment, had a tendency to grow underneath the cancerous condition, and, as it were, to lift it up. If you use the formaldehyde with care there will not be any irritation to amount to anything. In applying it you don't need anything more than a piece of soft match, or something of that kind, and spread it very slightly all around and over the affected part. If you put on enough to run, it will certainly raise a blister and cause a sore. Your criticism is all right to that extent; but this paper should be taken in connection with the original essay. Probably had this been done the criticism might not have been so caustic. It is all right, though, because a man cannot remember all these things.

Of course I would not hesitate to cut out an epithelioma, and think, probably, that is the best thing to do; but on the other hand the majority of people will not let you cut it; that is the idea. The epithelioma keeps growing on till it becomes dangerous.

As to Dr. Canfield's remarks about how much I look like Santa Claus, how nice and bright I am and things of that kind, I would like very much to be like Santa Claus, and to bring good things for the rest to feast on. My experience with formaldehyde in the treatment of epithelioma has taught me that it is something good in so far as I have mentioned.

As to how I manage about the eyes: I will relate one case that will, perhaps, give a better idea than anything else. A gentleman about sixty-four years old had a large, dark, cancerous growth in the corner of the eye and on the nose extending down between the eyes. It had been growing for three years when I saw it, and was about twice as big as the end of my little finger—my little Santa "claws" finger. (Laughter and applause.) It was beginning to set up secondary inflammation in the eyes. He would not allow me to operate nor would he let me use the old-fashioned caustic, so I washed it off the best I could with soda and water. I had him close his eyes tightly and keep them shut for some minutes after applying the formaldehyde. It did not irritate the eye any more than common smoke out of a chimney would. I gave

him a twenty per cent solution, he applied it at his home once a day. In side of a month he was well.

I agree with Dr. Snodgrass in regard to the use of the knife; but the point is, people will not allow you to use it, and they will allow you to treat them with formaldehyde, as I have indicated. I thank you.

NOTE.—Dr. Kirby's previous paper on "Formaldehyde in Epithelioma," may be found on page 246, Transactions of 1903.

—X—

SOME INTERESTING CASES IN MINOR OPERATION3.

(By Dr. E. K. Williams, Arkadelphia.)

In view of the fact that nearly all cases of a surgical nature reported to this or any other society of recent years, especially since the modern craze for surgery began, are very largely major operations, usually of the appendectomy, hysterectomy and gall stone varieties, each operator reporting his successive hundred or more cases, without a single death or drop of pus, which as a matter of fact, can be of little interest to the majority of the profession, the idea occurred to me that a few interesting cases that might come the way of any old doctor or any old day, would be refreshing, if not interesting.

Case No. 1: Mrs. M., age fifty-two, came to my office complaining of an intolerable pain in the region of her coccyx, or as she expressed it in the region of her tail bone, saying she could neither sit, stand nor lie down. Upon inquiry, I found that she had been suffering this way off and on for nearly ten years, and had grown very nervous and melancholic; so much so that on several occasions she had contemplated suicide. After examining her carefully, I diagnosed a case of coccygodynia, perhaps of traumatic origin. She explained that several years ago a friend playfully pulled a chair from under her while in the act of sitting down, and as a result she came violently in contact with the floor; since that time she had suffered greatly from the above symptoms. After putting her to bed and keeping her in a recumbent position for several days, cold applications, counter irritations and alterative applications were tried, but with no avail; so I advised the removal of the coccyx, to which she very readily consented. Assisted by Dr. F. R. Fleming, I made a longitudinal incision down to the bone, separating the coccyx at the sacrococcygeal articulation. The particular point in this simple operation is to keep well away from the gut which lies in close proximity to the bone. The incised muscles were sutured together with buried catgut; the superficial wound closed. The old lady made a rapid recovery, and has never had a pain in that region from that day to this.

Case No. 2: Several years ago I was called in consultation to see James Rhinheat, a strong athletic farmer, about thirty years old, who had attempted to lift a barrel of salt into a wagon, as a result producing a strangulated inguinal hernia. When I saw him the gut had been strangulated quite four days. As a mat-

ter of course the patient was then in a very bad way, vomiting stercoraceous matter, and looked as if the end was near at hand. The attending physician, Dr. E. T. Hall, now of Fort Worth, Texas, had already used every rational means to reduce the hernia; so there was nothing left but to operate. The patient was prepared and anesthetised. I was soon down upon the sac, which, being opened, was found to contain a turbid offensive fluid; the gut also looked ugly, presenting a very dark greenish color. As you know it is sometimes very difficult to tell positively whether the gut is so damaged as to be unsafe to return. At this stage of the game I felt as if I would like to send for a real surgeon to see what was best to do. Not being prepared to do a resection and no Murphy button at hand, I applied hot towels for some time and took potluck and returned the gut, hoping that all might end well. But to my horror on the third morning after the operation I found fecal matter pouring out of the wound as if by the natural way. Nothing further was done for the patient but to keep the parts as clean as possible. In less than three months the wound and gut had healed thoroughly. The man is now perfectly well and has never had a symptom of hernia from that good hour until this.

Case No. 3: A few months ago, a young benedict of about three months duration came to consult me in regard to his wife, saying that she had carelessly left a hairpin of rather long length in her hair over night, and that, in some unexplainable manner, during the night, the pin had descended and gotten into her womb; and it was giving her great pain of a pricking character. As he lived in an adjoining county, I advised him to go home and to bring his wife down and we would make an effort to locate the offending body. So the following day she came to my office and after diligent search in every conceivable way, both digital, specular and with probe, I failed to locate the pin, thinking all the while that the foreign body must of necessity be in the uterus, as she was so positive that she felt it there, though I had readily divined the reason why she had put it there. To my chagrin I had to send her home and wait for further developments, instructing the husband to bring her back or let me know if any other symptoms developed. In about a week he telephoned me that his wife was suffering severely and that something had to be done, or she would die; requesting that I come to see her at once. Upon my arrival I found her passing blood from her kidneys, or rather from her bladder, as the blood really came from there. Surmising then that the pin might be in the bladder I introduced a sound and immediately discovered it. Assisted by Drs. Wougen-craft and Flemming, we gave her chloroform, dilated the sphincter and had but little trouble in removing the pin. I was never able to persuade her to tell why or how she was guilty of such an act; but, as she miscarried the following day of a five-month fetus, you can easily guess the reason why.

Case No. 4: Mr. B., a young farmer, about thirty years of age, of a tuberculous tenden-

cy, consulted me in regard to a large tumor in the buccal region, resembling very much an overgrown quid of tobacco that had pushed his jaw out to an enormous extent. He informed me that the tumor had been noticeable for the past five years. At this time it was giving him no special trouble, only looked badly. However, he insisted that I enucleate it. I did not take to the idea very much, thinking of Stenson's Duct and other deep water that I might possibly get into to. I advised him to wait a while, as no harm could come from a little delay. In a month or so he reported again, saying that the tumor was growing rapidly, and still insisting that I remove it. At last I consented to do so, and under cocaine anesthesia, assisted by Dr. W. T. Rowland, I cut down into a large cavity that must have contained at least a teacup full of white ropy looking fluid. After swabbing out the cavity that seemed to be of enormous proportions extending back to the parotid gland and well up on the cheek with strong iodine, I closed the wound. The next day I called to see him, and he informed me that he was doing all right; but that when he went to eat or chew anything there was a thick watery fluid that poured out of the wound in great quantity. The diagnosis was easily made. I had either cut Stenson's Duct or opened a cavity or sac that it had been pouring into; I am inclined to the latter opinion. The saliva continued to pass through one wound for two or three weeks, disturbing the patient very much. Fortunately, however, about the time that I had made up my mind to do Wyeth operation, that of arming a probe with a silk seton, carrying it through the fistula or opening into the buccal cavity, bringing the thread out through the mouth and tying the ends together, thereby re-establishing the flow the natural way, the discharge suddenly became less and less, and finally ceased altogether.

Case No. 5: As a rule all appendectomies should be classed as major operations; however, as the one I am about to report required no particular skill to perform, I will class it as a minor operation. A young negro boy, a sawmill hand, nineteen years of age, fell from a stack of lumber, but seemingly was not hurt. Continuing his day's work, he went home at night and about ten o'clock was taken with a violent pain in his belly. Thinking the pain due to the fall, his mother administered some simple remedy, which seemed to relieve him for the time being; but the pain continued at irregular intervals for about a week. Not improving satisfactorily, I was asked to see him, and at once diagnosed what I thought to be an abscess in the right iliac region, and as a result of appendicitis. I informed his mother that nothing short of an operation would save his life. To this she very reluctantly consented, and the following morning, assisted by Drs. Rowland and Swayze, I confirmed my diagnosis by making a two-inch opening at McBurney's Point, liberating a large quantity of pus. Flushing the belly with a saline solution, I packed the cavity well with gauze, left the wound open and let nature do the rest. The

second day after the operation fecal matter began to escape from the wound, as well as pus; but I continued to flush out and repack until the patient eventually made a complete recovery. Now, six months after the operation, he is entirely well; has no hernia, and has resumed his daily labor. The fall, I think, was merely incidental, having nothing whatever to do with the trouble.

Case No. 6: The average small boy is nothing if not interesting, and that he possesses a charmed life, capable of performing any sort of feat, and as a rule comes out unscathed, the report of this case will, I think, thoroughly demonstrate. I carelessly left on the mantelpiece an aspirating needle, three and a half inches long that I had within an half hour used in aspirating a pus cavity, thinking I would have it sterilized and put away. My boy, about fourteen years of age, came along and picked it up, and, as he explained, tried to blow something out of it, and in some inconceivable manner sucked it down his throat and into his stomach. You can readily imagine the consternation the accident produced in the family. My first impulse was to have the young gentleman opened up and the needle gotten at once; but, upon reflection and advice from my brother doctors, decided to wait and see if he would not pass it; but the waiting was long and distressing I can assure you. For the first three days there were no symptoms at all. On the fourth day, when stooping over, he felt a severe pricking pain in his right side. Feeling more uneasy and thinking that something would have to be done, as I had about despaired of his passing it the natural way, I called up my friend, Dr. John Dibrell, and consulted him in regard to the matter; and his advice was to feed the youngster heavily on mush, and let him alone unless some urgent symptom demanded its removal. This advice, conveyed to my wife, was obeyed to the letter, and the mush that the young fellow ate for the next forty-eight hours was beyond human comprehension! The needle continued to prick him when he would bend over or stoop down. The sixth day I attempted to locate it with the X-Ray and thought that I had succeeded in doing so, but in half an hour his bowels moved and he passed the needle, very much to the gratification of all parties concerned.

DISCUSSIONS.

Dr. Meek: I have been much interested in these operations and have especially enjoyed the happy and clear style of the author. I think Dr. Williams ought to be thanked for presenting these minor surgical cases. The little things in life make up the sum total. The reports that we usually get at our Medical Society meetings remind me of what a newspaper reporter said some years ago, about Senator Evarts after listening to one of his famous literary efforts. "He has evidently forgotten all the *little* words in the English language!" Our modern essayists seem to forget all about anything in the simple or

minor category; never go into details, and take it for granted that every one within hearing is thoroughly acquainted with every step in the process they are describing, or rather attempting to describe. This paper is certainly after my liking and the incidents recited quite unique, and I hope that the doctor's practical, plain, every day helpful descriptions will have imitators.

Dr. Goodell, of Philadelphia, once said no doctor was justified in failing to curet a patient, *when it was necessary*, on account of not having the necessary instruments. He said he had once curetted with a hairpin. Perhaps this lady had heard of Dr. Goodell's suggestion and proceeded accordingly!

I congratulate Dr. Williams personally on the successful outcome of his son's case. We can all imagine his interest and anxiety while it was in progress.

I once had a case where a safety pin was swallowed, which was half open; but the hinge or spiral was kept down and that kept it from injuring the patient.

Dr. Hawkins: I once had a case where a boy swallowed two of the largest sized safety pins and then passed them without disagreeable after effects. The last time I saw him he was running around as lively as a cricket. I have enjoyed very much the paper Dr. Williams has presented. It reminds me very much of a statement I once listened to from Dr. D. W. Yandell, of Louisville. "It is the little things that make big men. You boys should thoroughly master the little things as a basis for higher achievements." It impressed me very much at the time and I have been reminded of it many times since. If you are perfectly familiar with the smaller details and have not despised the small things that go to perfect you in your skill, you can amputate a limb, execute a laparotomy successfully, or

perform any of the other important surgical operations, with safety. To neglect these is to invite disaster. It is the appreciation of the importance of looking after the small things that makes great men. (Applause.) Dr. S. W. Gross said once in regard to operating, that some practitioners had an uncontrollable desire for surgery, and used every opportunity to indulge that propensity. All that you have to do is to furnish them a knife and something to cut! It requires a surgeon to know when to cut and when not to cut! (Applause.)

Dr. Williams: I would just like to mention one thing in regard to this "hair-pin case." I probed the uterus in every conceivable way—used sweeping motion, all around, up and down—and why I did not produce abortion is very difficult to perceive. When I finally removed the pin she had used to operate on herself, I simply dilated the sphincter and easily secured it. It had not done much harm; certainly did not produce as much traumatic shock as the probe did previously. I have never been able to understand why it should have happened that way.

Some time after that a married woman appealed to me to perform a criminal operation and asked me for what amount I would agree to undertake it. I told her if she had a million dollars to offer me so that I might divide up with my medical friends and make everything all right, I might be tempted to consider it; but that it was a very difficult thing to do. I detailed to her how, in the case cited, I had run riot around the uterine cavity with my probe half a dozen times without attaining the desired result, and that if I attempted abortion in her case, it would prove a most severe and dangerous operation, and may be if she had it done, she would probably die as a result of it. (Laughter and applause.)



THE JOURNAL

OF THE

Arkansas Medical Society

Owned and Controlled by the Arkansas Medical Society with no Other Proprietary or Business Interests Whatever.

PUBLISHED MONTHLY, Price, \$1.00 a Year in Advance.
Single Copies 10 Cents.

Published on the fifteenth of each month under the direction of the Committee on Publication.

Entered as Second-class matter, June 21, 1906, at the post office at Little Rock, Arkansas, under Act of Congress of March 3, 1879.

All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested.

Our readers are requested to send us marked copies of local newspapers containing matters of interest to members of the medical profession. We shall be glad to know the name of the sender in every instance.

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THE LEGISLATURE.

The medical profession of the State will no doubt watch with eager eyes and expectant minds what the legislature will do for the medical profession and the State in general in point of giving us a law to regulate the selling of patent medicine, a law creating a State Board of Health, carrying an appropriation sufficient to maintain same; a law to make vaccination compulsory; a law to regulate the handling of fresh game and regulating the handling and sale of second-hand clothing.

What will the legislature do in regard to these things?

Shall we sit idly by and fold our arms and say "No use."? No, the legislator is afraid of the physician's influence if exerted against him. The combined efforts of the members of the medical profession of the State of Arkansas can accomplish anything desirable in the way of medical legislation. The trouble is with the medical profession. If they will combine themselves and go in, with the understanding that they mean business, they have every reason to expect satisfactory and gratifying results. There is no factor in the politics of a county that the politician dreads as much as he does the medical men, when he knows the medical men are in earnest, from the simple fact, that he comes in contact with more leaders than any other man in his county. He is not to be recognized as a political boss; but he has to be reckoned with as a political factor who carries weight and influence; whose words his patrons will listen to; and in the majority of cases his views will be accepted if he lays before his patrons the fact that So and So will not support a Board of Health bill, etc. Then it would be a mighty hard matter for an explanation to be made which would clear away the influence of this doctor. The reason that the medical profession of Arkansas has not received anything is because we have never asked for it with that energy that should characterize the great profession of a great State. Will the doctors of Arkansas see their representatives and speak to them about the matter of needed medical legislation? Doctor, will you take it upon yourself to ask your representative or senator to support and help push and fight for a bill to create a State Board of Health, and thus place our State along side of other States, which are now leading us in these matters. It is up to the profession, so to speak, to be up and

doing if we expect to get anything at the hands of this legislature.

In order to bring this matter to an issue and throw the responsibility on the profession, where it belongs, the Secretary asks that every member of the profession in the State of Arkansas after reading this article, immediately write to his representative that it is his desire to have a bill introduced regulating the sale of patent medicines within the State; a bill creating a State Board of Health passed, and such other medical legislation as may be necessary for the welfare of the profession and citizens in general and mail them to the secretary. On receipt of these letters, the Secretary will take it upon himself to turn them over to the Chairman of the Committee of Medical Legislation, and ask them to take up personally with the representatives from your District, informing them of your desires. Don't imagine that your duty is ended then; but in addition to that supplement this action by seeing your representative personally in regard to it. Your chairman will have this information in his possession when he comes to your representative to ask him for certain legislation.

Now, doctor, will you write these letters for the Secretary, and show him and the committee on medical legislation that you mean business? We leave the question with you. In the next issue of the Journal we hope to give you results from this appeal.

—X—

PATHOLOGICAL EXHIBIT.

The Secretary has had something to say in the issues of the Journal concerning a pathological exhibit at the next annual meeting of the State Medical Society. Our idea is to ultimately secure a museum for the Arkansas Medical Society, as well as to have an exhibit at each meeting of the Society. We want one hundred exhibits—one hundred pathological specimens for this meeting. There is hardly a member of the State Medical Society who cannot contribute one or more specimens for this purpose; and there is hardly a member of the State Society who has not in his possession a pathological specimen that would be interesting to some brother practitioner, and, at the same time he would be adding materially to the founding of a museum. The time has now arrived for this matter to take definite shape; and, in order to know something positive, we

would ask that every physician who will contribute a specimen, or loan a specimen, if need be, to write to the Secretary immediately and say that he will favor the Society with a pathological exhibit at our next meeting. A list of all doctors who will send in exhibits will be published in the February issue.

It matters not, doctor, what your specimen is; send it along. Your contribution may be valuable to some one else, though it may be inconsequential while it is in your possession tucked away at your office, in comparison to the worth it might be to your brother practitioner.

Another thing: This exhibit will aid materially in increasing the interest in your Society and making it helpful and influential as it should be. We want this year to have a nucleus for this pathological exhibit sufficient to continue it.

This idea is one of our own, and we feel that we are adding to our duty a good bit of work that might have been avoided, but we feel that this is an interest in which all should come forward and take an active part, as it concerns us all. We are perfectly willing to do all that we can to make the pathological exhibit a success. Other States have them and are continually adding to them, and some, indeed, have splendid museums. Arkansas might as well have a museum as any other State.

Now, doctor, write me at once, and let us know if you will contribute a specimen; or, if you will not contribute, loan us one. In this way we shall know what to depend on.

—X—

INSURANCE PROBLEM.

There will be only a few more meetings of the County Medical Societies before the next meeting of the State Medical Society. There is no doubt but that the State Society will be called upon to pass resolutions asking for the restoration of the \$5 fee for examinations for insurance. There is no good reason why the State Medical Society should not pass such a resolution. It is not fair, neither is it right, for the State Society to throw the responsibility on the County Society. It is too much like parent saying to child, "Do as you think best." The State Society should take the initiative, and lay down the law and say it must be done, or it must not; then, let the County Societies be governed accordingly, if such expects to remain in affiliation with the State Society.

This seems to be the only proper way to handle this matter. The County Society should pass resolutions so that the State Society may know the wishes of the County Societies when the House of Delegates is in session. It might not be amiss to say here that there are a few county societies in the State of Arkansas receiving the \$5 fee, while the adjoining counties which still make examinations for the same companies for a \$3 and a \$2 fee.

A doctor came into the Secretary's office a few days ago and said that his county had positively refused to examine for anything less than a \$5 fee and he informed the Secretary that every member of his county society was standing firm on this proposition and that they all were receiving five dollars for every examination made. He said that the checks came, one payable for three dollars and another one for two dollars from the State Manager's office. He said it made no difference to them where the checks came from or how they divided it up; but they got five dollars for every examination. This is one county. Other counties make the same examinations and receive only three dollars fee from the same companies. This should not be. There is no good reason why every county society should not establish a fee of five dollars, and the five dollars will then be forthcoming.

We certainly hope that the House of Delegates will pass a resolution that will have no uncertain sound about it, demanding that a fee of five dollars be assessed for every examination made.

—x—

PAPERS FOR THE JOURNAL.

In this issue it will be noticed we have a paper read before the Pulaski County Medical Society. In the December number we also had a paper which had been read before the Pulaski County Society. Would it not be well for the County Societies throughout the State to encourage preparation of meritorious papers by voting to have the same published in the Journal of the Arkansas Medical Society? If the essayist knew that his paper might be chosen as one of decided merit, it would stimulate him to activity. It would be a premium on effort and at the same time foster the preservation of valuable documents, original research, etc.; for in the majority of cases, these papers are never preserved. The ones that bear decided merit should be printed and taken care of.

DR. SIMMONS ET AL.

In another column will be found a communication from Dr. Simmons, together with another from ——— and a reply from the doctor to Dr. Stevens. These relate to the acceptance of advertisements. We take the liberty of publishing this, as it gives the situation as nearly correct as can be given. Again, we deem it advisable that our members be informed of the status of these matters in order that they may judge for themselves. Dr. Simmons does not overdraw the picture. What will our Council accomplish, if State journals do not work in harmony with its findings? What good will its labors do, if the State Journal destroys its investigations by the acceptance of advertisements that the Council refuses to admit to publication?

The Journal of the Arkansas Medical Society, has called attention to the fact that it has noticed advertisements being carried in State journals, that not only reflects on the common decency of the profession, but is actually being carried in the face of the common protests that has characterized the physicians of the United States for years, and years. When will this greed for "tainted money" stop? When will the State Journal quit compromising the profession for the sake of exploiting the wares of outlawed preparations? The State Journal cannot serve two masters. It cannot serve the profession, and the nostrum maker. It must be on one side of the fence or the other. If the State Journal cannot support the Council, or will not, then it will be best to lay down the gap, and let's run things—medical—wide open. Do away with the Council, and invite the "ads" of everything that has the price.

The Journal of the Arkansas Medical Society takes this occasion to say that it endorses the Council fully and freely. Hereafter, no contracts for advertising space will be made for its columns—while the present management is in power—that is for any remedy which has not, or cannot be satisfactorily passed by the Council.

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STATE MEDICAL MEETING.

The Committee on Arrangements have selected the convention hall at Hotel Marion, as the place of meeting for the next State medical meeting, which convenes May 15, 16, 17. The convention hall is on the ground floor, and adjoins the office; and has a seating capacity of four hundred. The Section work will be in the rooms on the second floor.

MEDICAL EXCUSES.

There is no class of people that should be as free from excusing themselves from the failure to discharge a duty as professional men. When you hear a physician excusing himself from failing to attend his County Society, and excusing himself from reading a paper when requested to do so; excusing himself from serving on a committee when appointed by the President; excusing himself in general from the many obligations that are imposed upon him, from the fact that his time is taken up with other matters, it might be well for you to weigh the excuse that he gives, and contrast them with the excuses as made by the laity. You will find there is very little difference between the two. Both are flimsy, both without foundation, and frequently without reason.

All of them lack that validity which you would naturally expect from the utterances of medical men.

Is it right to excuse oneself from doing something that he alone should do, and expect someone else to bear his burdens? Failure to do frequently means that the work will not be done, and excuse frequently means a gap laid down for another to make excuses. You may rest assured that when the gap is once let down, it is harder to put up again, as members continually keep going over.

In conversation with the medical men generally, we frequently ask first concerning the county society work, and, as a rule, before the first excuse is finished, this barometer indicates what the society is doing. If, on the other hand, the member starts off with vigorous encouragement, 99 times out of 100 he is a live man, and member of a live society.

Did it ever occur to you that the fellow who is full of excuses is always waiting for something to turn up? It is a fact, and as a rule he goes through life without ever turning anything up, or without setting the world afire, as such people are devoid of zeal; devoid of enthusiasm; devoid of the qualities that go to make an active, wide-awake hustler. A recent event impressed the idea very forcibly upon the writer's mind, how little an excuse goes in the mind of an employer—those fellows that exact and expect so much. A certain piece of work should have been done; an excuse was made to the foreman; the foreman in turn, reported to the Superintendent, and the Superintendent abruptly requested the foreman to send the workman

to his desk, where he might receive pay for the time to which he was entitled, coupled with this information, that excuses were not received in that building. Now, while this is written, primarily, to stimulate our weak-kneed brethren up to the point where they will never say, "No?" "I haven't time." "I can't," etc., yet it is a fact that too many of us fall short of our duty in County Society work by allowing ourselves to make excuses and hide behind them as a bulwark and fortify ourselves behind this bulwark so that it is impossible for any amount of effort to dislodge such an one. Such members are like an old hard-shell turtle that nothing will move except it be fire placed on his back. There is only one way that we know of to cure these fellows who are continually excusing themselves from duties which they should perform after assuming these obligations, and that is for every Society to absolutely refuse to accept any kind of excuse that is not valid. Let the County Societies pass resolutions that every man must do his duty.

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MEDICAL SOCIETY ENDORSES EISELE.

At a special meeting of the Hot Springs Garland County Medical Society, December 21, hearty endorsement was given to that part of the report of Superintendent of the U. S. Reservation Eisele to the Interior Department, which contained a severe roast on the local officials for not suppressing the doctor drumming evil which is ruining the practice of leading physicians while the quacks are waxing rich.

A letter was addressed to Mayor Belding asking his aid in abating the nuisance.

That part of Eisele's report endorsed is as follows:

"I am of the opinion that existing improvements are sufficient for the present or until some proper appreciation by the municipality and such co-operation is extended as will make department policies effective. * * * While this department has earnestly endeavored to elevate, develop and exploit the resort commensurate with the merits of its healing waters, it has been hampered by an almost total lack of co-operation and support from the city and county government."

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Doctor, don't neglect to speak to your representatives and senators concerning medical legislation. We need it to place our State abreast with other States.

PERSONAL MENTION.

Dr. O. D. Ward, of England, spent the holidays at Searcy.

Dr. C. E. Thomas, of Hampton, has removed to Thornton.

Dr. F. T. Murphy, of Brinkley, called on the Secretary January 8.

Dr. J. D. Hart, of Dardanelle, was a visitor since our last issue.

Drs. Runyan and Shinault have opened an office in the Hotel Marion.

Drs. Whipple & Whipple are new acquisitions to the city of Argenta.

Dr. and Mrs. M. Smith, of Little Rock, spent the holidays at Magnolia.

Dr. Vernon MacCammon, of Arkansas City, was a recent visitor here.

Dr. M. L. Norwood, of Lockesburg, paid our city a visit a few days ago.

Dr. J. W. Meek, of Camden, was in Little Rock, first week in this month.

Dr. and Mrs. A. J. Widener entertained December 27, in honor of the old ladies.

Dr. J. J. Johnson, of Bigger, Randolph County, called on the Secretary, January 8.

Dr. E. M. Thompson has an office in the rear of the Exchange National Bank building.

Dr. L. E. Love, of Dardanelle, was a visitor in our city during the first part of this month.

Mrs. Sharum, of Walnut Ridge, visited Dr. Meriwether and wife during the Christmas holidays.

Dr. W. E. Green has returned from Mexico. He reports a delightful trip and is much improved in health.

Drs. J. W. Bush, B. W. Breedlove and J. F. Graham, all of Hot Springs, were in Little Rock, January 5.

Dr. J. L. Rushing, of El Dorado, has moved to Chidester, where he will locate. The Journal follows you, doctor.

Drs. F. P. Stevenson, J. W. McMath and F. P. Vines, all of Strong, Union county, were in our city a few days ago.

The College of Physicians and Surgeons at Little Rock, has resumed its sessions after the holiday vacation.

Dr. J. P. Runyan informs the Secretary that he has abandoned his coupe and will hereafter drive a \$2,500.00 automobile.

Dr. Chas. P. Thayer, of Boston, Professor of Anatomy in the Tufts Medical College, called to see the Secretary, December 22.

Dr. F. E. May, from Waco, Texas, has located in Little Rock, for the practice of his specialty, diseases of the eye, ear, nose and throat.

Dr. and Mrs. E. N. Davis gave a dinner at their home on Thursday, December 27, in honor of Mr. and Mrs. Potter Grace, of Dardanelle.

The students of the Medical Department, University of Arkansas have returned from their holiday vacations and lectures have been resumed.

At the recent meeting of the State Board of Examiners of the Arkansas Medical Society, forty-nine applications for license were considered.

Dr. W. C. Dunaway is at present residing on a plantation near Pine Bluff.

Dr. W. E. Green has rented an office in the Hotel Marion.

Dr. C. M. Norwood of Stamps, Lafayette County, was a caller at the auditor's office. Dr. Norwood formerly represented his district in the State Senate.

Dr. J. M. Mays of Centralia, Mo., is in Ozan prospecting and says he is greatly pleased with that part of Arkansas. He will probably invest in real estate here.

Dr. W. S. Stewart, of White Oak, paid the Secretary a visit on December 29. He was on his way to New York, where he goes to take a post course, prior to his location in Pine Bluff. Dr. Stewart went to Van Buren to spend a week with his parents before going to New York.

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Doctor, have you done your duty? Have you spoken to your representative and senator and ascertained from them personally how they stand in regard to medical legislation?

PINE BLUFF PERSONAL MENTION.

Dr. and Mrs. R. C. Thompson have returned from a visit to St. Louis.

Dr. M. Cohen returned Friday from a visit to Pennsylvania and Illinois.

Mrs. Dr. Donelson and niece, Miss Gussie Jones, are visiting in Memphis.

Dr. O. C. Hankison has returned from spending Christmas with his relatives in Zanesville, Ohio.

Dr. and Mrs. A. W. Troupe have returned from a brief visit to Dr. A. C. Smith and family of Texarkana.

Dr. Marvin Duckworth returned Saturday from Brownsville, Tenn., where he spent the holidays with his father.

Dr. and Mrs. C. A. Hogg, of Ellison, spent Christmas in the city, the guests of their daughter, Mrs. Mercer Sligh.

Dr. and Mrs. M. C. Johns returned to their home at Moscow, Thursday morning, after spending Christmas in this city.

Dr. and Mrs. O. W. Clark have returned home, after spending the holidays with friends and relatives in Nashville, Ark.

Dr. Horatio Crutcher, chief surgeon of the C. & A. railway, with headquarters in Chicago, is spending the holidays in this city with relatives.

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MARRIED.

Dr. Wm. A. Moore and Miss Alice Berry, were married at Hindsville, December 23.

Dr. Horace E. Ruff of Pitman, was married to Miss Effie Lehman of Pocahontas Sunday December 27 by Rev. W. J. Le Roy, pastor of the First Methodist Church.

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DR. RICHARD CHINAULT FOUND DEAD IN BED.

Dr. Richard Chinault, a well-known planter who has lived on the Fletcher place, 16 miles southeast of Little Rock, for the past 14 years, was found dead in bed January 1. An inquest held by Coroner S. P. Vaughter resulted in a verdict finding heart disease to have been the cause of his death.

H. L. Fletcher, who accompanied the coro-

ner to the Chinault home, stated that Dr. Chinault complained of heart trouble a week ago when he visited him, and Dr. Thibault, who resides near Scott's Crossing, testified at the inquest that Dr. Shinault had asked his advice on several occasions. He stated that the deceased was afflicted with inflammation of the muscles around the heart.

Mrs. Chinault stated that her husband went to bed early Sunday night and that she retired later. He got up about 10 o'clock and went out into the yard attired only in his night robe, saying that someone was bothering the chickens, but came back and went to bed in a few minutes. When Mrs. Chinault awakened she found him dead in his bed.

Dr. Chinault was born in Jefferson county and would have been 48 years of age if he had lived. He had been a resident of Pulaski county for 36 years and had a wide circle of friends in this section. He is survived by his wife and six children.

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DEATH OF DR. FERNAND HENROTIN.

We much regret to record the death of Dr. Fernand Henrotin, of Chicago, on December 9th. Dr. Henrotin was born in 1847, and was educated in Chicago, graduating as M. D. at Rush in 1868. He was a distinguished gynaecologist and an author of mark, principally, though not exclusively, in that subject.

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Dr. K. Coats died at his home at Wilton, December 11. He is survived by a wife and six children.

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DR. AND MRS. ILLING ENTERTAIN.

Brilliant among the social events of the week was the reception tendered the faculty and students of the College of Physicians and Surgeons December 20 by Dr. and Mrs. W. P. Illing. The reception was given at the college and was attended by the faculty, students and invited guests to the number of more than a hundred and fifty. The grand ball room was lavishly decorated with palms and cut flowers, while delicate light effects were obtained through the screening of incandescents with the college colors, purple and gold. Everywhere in graceful and perfect detail the color scheme of purple and gold was carried out, culminating in intricate ar-

rangement of incandescents forming the monogram "P and S," an added compliment to the honorees of the occasion. In the receiving line were Dr. and Mrs. Illing, assisted Dr. and Mrs. J. P. Runyan, Dr. and Mrs. A. E. Sweatland, Dr. and Mrs. E. Meek, Dr. and Mrs. D. C. Walt, and Dr. Shinault. Mrs. Illing received in a beautiful gown of light blue chiffon, with point lace trimmings, while Mrs. Runyan wore a handsome costume of black embroidered chiffon, with diamond ornaments. Mrs. Sweatland was gowned in a pearl gray crepe de chine costume, with point lace and pink velvet trimmings, and Mrs. Walt wore an exquisite gown of gray embroidered chiffon. Following the reception came dancing. The grand march was led by Dr. J. Robert Wayne and Miss Marguerite Illing, both carrying the purple and gold pennants of the school. They were followed by 50 members of the student body, with their partners, all carrying the college colors. Music was furnished by Gar-eissen's orchestra. In one nook of the ball room punch was served throughout the evening, Misses Nina Martin and Louise Kavanaugh presiding at a flower-set punch bowl. Misses Helen Stratman and Mildred Sutton served punch in the front parlors. At 11 o'clock an elegant luncheon was served, and at 12 the dancing ceased. Among the out-of-town guests were Dr. and Mrs. D. C. Walt of Altheimer.—Arkansas Gazette.

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YELL COUNTY.

Yell County has sent in the dues for its members for the fiscal year. Yell County has set the pace for every other county in that it is the first to settle up with the State Medical Society. We would like to impress upon the county secretaries the importance of settling up before the State Medical meeting; as the Secretary has so much to do at the very last, and a few secretaries can add materially to his labors by refraining from making settlement until the last moment. It might be well to impress upon the minds of all that the Secretary's books close and his report is made out *before* the State Society meets, and all settlements made after his reports are closed necessarily compels him to do one of two things: that is, carry the statement over until next year, or change his report. In either event, it entails useless work on him. We would urge upon all County Secretaries that they make their settlements promptly this year, and that not one society be behind.

**ST. LOUIS PHARMACISTS APPEAL TO THE
MEDICAL PROFESSION.**

A most timely appeal has been made by the St. Louis Retail Druggists' Association to the physicians of that city presenting the claims of the new Pharmacopeia and new National Formulary and suggesting that physicians give pharmacists opportunity to use professional skill in the preparation of medicines by prescribing the preparations of the Pharmacopeia instead of proprietary mixtures.

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Doctor, don't forget to see your representative or senator in reference to supporting a bill to regulate the sale of patent medicines, a State Board of Health and a board of registration for vital statistics. Follow this up with occasional letters to them to refresh their memories and keep the subject alive.

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DR. J. N. McCORMACK.

The Secretary has written to the Councilors asking their opinion as to the advisability of securing Dr. J. N. McCormack, national organizer, for an itinerary through Arkansas just prior to the State meeting and winding up with State Medical Society's meeting next May. Seven replies were received from ten councilors—three out of the ten not replying. The replies received were all favorable to the scheme. These were submitted to Dr. McCormack and the request made that he visit our State. Dr. McCormack informs us that he can give us two weeks of his time in March, and requests that the Councilors select places and name dates that will be most suitable to them. We trust that Dr. McCormack and our Councilors can agree on suitable dates and that an increase of five hundred members will be the net result of his visit. Let every doctor in the counties where Dr. McCormack visits, attend his meetings and see to it that every eligible physician in the county attends, and not only attends but are secured as members. Make this a business matter, gentlemen. Increase the membership of the county societies and let us build up the State Medical Society in point of numbers in keeping with the number of medical men now in the State. The new directory for Arkansas shows something like four thousand physicians, and not more than one-half of them are members of the State Society. Cannot this state of things be improved?

PROPRIETARY MEDICINES AND THEIR ABUSES.

By George Dock, M. D., Ann Arbor, Mich.

Proprietary medicines are substances **which** some one has an exclusive right to make or sell for medicinal purposes. The exclusive right may depend on secret methods of manufacture, or on a patent on the method of preparation, as in Germany, or on process and substance both, as in America, or on a copyright on the substance. A patent on the name, or a copyright, is one of the most effective methods of acquiring and maintaining exclusive rights in the case of medicines whose virtues are fictitious, though secrecy is in some cases equally effective, for a time.

Proprietary medicines are not either good or bad by reason of their origin. In the language of the day, none are "ethical" or "unethical" *per se*. The possibility of greatest danger occurs among secret preparations and depends partly on the fact that secrecy regarding a remedy may have more serious consequences than secrecy in the manufacture of steel or rope and many other indispensable articles. The chief objection is that no dependence can be placed on the constancy of action of such substances, and that no certain comparisons can be made of observations on their action. They are not fit for scientific deductions.

There is no essential difference between proprietary medicines advertised exclusively to physicians and those advertised to the general public—the former in medical periodicals or special circulars, the latter in newspapers, handbills or almanacs, or on rocks, fences and barns. These are, perhaps, more frequently of secret composition, but recently this difference has been abandoned with great ostentation by some makers of so-called "patent" medicines. One or the other may be honest in intent and harmless or even useful in effect, just as either one may be fraudulent in conception and dangerous in use. The same lawless nomenclature is followed in both cases, the euphonious or hideous, outlandish or suggestive names being much alike in all. As a further evidence of similarity, a preparation that begins most blatantly in newspapers or on fences may in time find a welcome in reputable medical journals, and, on the other hand, a remedy first advertised to and used by physicians may in time be advertised in newspapers or form the leader

in a cut-rate drug store or on the drug counter of a department store.

It is difficult to discuss proprietary remedies in a comprehensive way, but impossible to specify without becoming lost in the endless confusion they present. Certain classes stand out prominently. So there are synthetic compounds, active principles and new salts, real discoveries in chemistry that may have the virtues and drawbacks of chloral hydrate, sulphonal, urotropin, of salol, codein, cocain and others. They are usually put on the market with very little preliminary testing, but with the most sweeping claims. There are mixtures of these with other substances, sometimes representing an advance in pharmacy, often not. Then, there are preparations, whose chief recommendation is that they are of pleasing appearance or taste—"elegant," in the language of practical pharmacy. Though no more efficient than plainer preparations, they seem capable of filling a useful purpose, but are often hampered by secrecy of composition or unfounded claims of far-reaching therapeutic action. Expensive advertising and lavish distribution of "samples," neither of which should be necessary in legitimate trade, enormously raise the price at which these are sold.

It is unfortunate that the laws and customs of ownership do not permit a clearer separation of various classes. There is a deep-seated objection on the part of most physicians, to the taking out of patents on such inventions as instruments or drugs, but it seems to me that this attitude is wrong in principle and partly responsible for a good deal of the demoralization now obviously existing. I am speaking, of course, of genuine discoveries and not of mixtures or formulæ.

It is a curious and paradoxical fact that no objection is made to physicians taking out copyrights on books, yet there is no essential difference. In the present organization of society, it is not only legal, but natural and proper, that any one making an invention or discovery of value should be able to realize a material return for his pains or ingenuity, and this right can best be preserved by patent. Jenners and Pasteurs will doubtless continue to investigate without hope or expectation of gain, for the love of experimentation, and will achieve not only glory, but also more material rewards, but that is no reason for checking inventive talent of a lower order. The man who invents a new dye may make a fortune. Why not the man who

invents a drug that will do for pneumonia what quinine does for malaria?

Regarding instruments, if not protected, imperfect imitations are put on the market. No one is benefited except the makers, who deserve only the ordinary returns for their part of the transaction. If the inventor wishes to lower the price he can easily forego his royalties and give the buyer the benefit. I do not intend to discuss the question as to the profit derived from patents on books, instruments or medicines, though there is a matter for discussion on this point, but merely to emphasize the propriety of allowing inventors or authors to control, for a time at least, the manufacture of their products. The incidental fact that the price of the article may be enhanced by the patent does not affect the question materially. Prices of medicines will always be regulated, like other commodities, by the law of demand and supply. If fashion causes an elevation of price beyond the real value of the article, as occurs with many other things besides drugs, this does not seem a sufficient reason for interference with the well-known laws of trade.

Perhaps the strongest objection against the owning of patents on instruments or medicines by physicians, but one that is rarely expressed, is the danger of abuse in ways not open to the usual objects of trade. An author can hardly stimulate the sale of a book in any but obvious ways, but a medical man, especially if he has a reputation as a scientist, might excite an artificial demand for an instrument or a new remedy. Yet the danger of this is much more likely to exist, and to a greater degree, if the ownership is disguised, as it may be now, and in fact sometimes is. Publicity in such a case, as in others, seems the most promising check to dishonesty either intellectual or financial.

So far I have assumed that a proprietary medicine may be of value. Many of the newer nostrums, some of the very ones most objectionably advertised, have not only been imitated by manufacturing pharmacists openly patronized by the profession, but have even been admitted to the Pharmacopeia with a haste not characteristic of sound therapeutics.

I do not think we realize clearly enough the enormous waste of time and energy in the trial of new remedies. Many are doomed to early oblivion, as a perusal of the advertising pages of any series of medical journals makes clear. Just as the names of nostrums advertised in newspapers and trolley cars

change year after year, so do those in medical journals. Many others would disappear, but for costly advertising, which is, of course, paid for by the purchaser.

Two sets of evils follow from this ever-changing but never-ceasing flood. On the one hand, the layman has perpetuated or strengthened in him the belief in the magical properties, as distinguished from the physiologic effects, of medicines—the faith in drugs as substitutes for right living. Or, as in the development of bacterial therapy and prophylaxis, he has set up a hope, if not a trust, in the use of anti-bodies in place of efficient public hygiene, e. g., typhoid inoculations instead of pure water and proper sewage; antirabic inoculations instead of proper dog laws, etc., etc. Or, again, if less credulous, he concludes that the art of medicine has not principles at all, that medicines “are for readiness, and not for propriety” (Bacon).

On the other hand, the physician who follows such methods fails to increase as he should in therapeutic experience and facility. Getting therapeutic knowledge, perhaps, but never therapeutic wisdom, he drifts along, depending more on the statements of salesmen or drummers than he does on those whose interests in drugs are chiefly in their therapeutic effects, and hardly at all on his own observations. Even if observations are carefully made and recorded, the accumulation fails because of the variety of data, as in the case of a physician I know who tried some three dozen creosote preparations in as many cases of consumption in a short time, and was unable to speak confidently of any one.

The making of new preparations and the haste to try them form a vicious circle. Synthetic drugs and mixtures were poured forth in response to the alacrity with which the first ventures in these lines were taken up. As the sick layman grasps at anything in the way of treatment, so many physicians prescribe new and untried drugs, and just as every soldier in Napoleon's armies carried a marshal's baton in his knapsack, so every assistant in a chemical factory dreams of and works for a new synthetic, and many a teacher whose ambition is supposed to be centered on “gathering pebbles on the seashore of science,” is working just as hard on some similar scheme. The manufacturers gladly exploit any novelty, expecting the usual profits. The medical profession, as one of the most striking examples of the triumph

of Hope over Experience, keeps on accepting the discoveries, repeating over and over the story of disappointment.

The natural tendency to believe everything, not always repressed by training, is skilfully fostered by the resources of the modern advertiser. Exaggeration is inseparable from the enthusiasm of an inventor and discoverer. Had it not been for the unproved assertion, based on perfect good faith, in the complete and permanent protection against smallpox, the use of vaccination would long have been delayed. There is some difference between the sanguine hopes of a discoverer and the studied rhetoric of an advertising expert, but the difference is not easy to see. In the case of proprietary remedies exaggerated claims of excellence at every point, assertions of freedom from the untoward effects inseparable from the action of remedies, insinuations of new properties and suggestions of the imperfection or uselessness of older remedies are all advanced with a skill born of keen competition.

Sometimes the assertions are so absurd that it would seem impossible for any one to pay further attention to the substance advertised, yet experience shows that this is not so. A few years ago a preparation was exploited which was claimed to contain live red blood corpuscles, which latter were alleged to be capable of entering the body of the sick man and restoring it to health. The finding of the philosopher's stone, the realization of perpetual motion, or the existence of Dowie's healing power seem as easy to accept as theorems of Euclid compared with these claims. And yet this product, notwithstanding so disreputable a beginning and a later stage less daring, but just as cloudy, has become, if not the head of the corner, at least part of the basis of many a medical journal. The claims of organic iron preparations, of intestinal antiseptics, cardiac stimulants and antipyretics are almost as bad and do not require further mention.

Unfortunately, in all these claims, the manufacturers are aided by testimonials from physicians, just as dangerous as the testimonials of governors and congressmen that fill certain newspapers. The plain puff is too obvious, and pseudo-scientific articles are published often with great luxury of illustration.

The manager of one of the most iniquitous frauds ever sold once told me with honest pride that his firm never made a statement it did not believe. I was astounded at first, but

in looking through the literature I found the claim was literally true. Everything necessary to exploit the material was furnished by physicians. That the information was given gratis may be a mitigating circumstance.

There is another method of furthering the use of new preparations, becoming so widespread as to suggest a conspiracy, though the growth may be merely the result of "mob suggestion." This is the villification of critics of indiscriminate or irrational drugging. "Who is not for us is against us" seems to be the motto of drug sellers, and just as, sixty years ago, Skoda was called a therapeutic nihilist because he believed that bleeding and tartar emetic were not necessary in the treatment of people with pneumonia, so now any one who does not at once and always prescribe large and numerous doses of drugs is given the same term—and with the obvious intention of making him odious.

What are the remedies for the abuses connected with the sale of proprietary medicines and which I have imperfectly sketched in the preceding lines? To many the prospect seems hopeless. Drugs, like a mighty flood, pour out so rapidly that many are swept off their feet. Yet the situation is neither unique nor hopelessly bad. Sound, temperate Hipocratic medicine has lived through even worse phases. The physician of the sixteenth and seventeenth centuries had no coal-tar preparations and no sera, but he had more than 3,000 plants in his materia medica, not to mention minerals and animals of all kinds from worms to man, their organs, secretions and excretions. Medicine survived this, the richer by a few remedies of real value, and there seems no reason to fear that oblivion will overcome the less useful of the newer discoveries and permit the good ones to take admitted rank.

How to secure the really valuable new remedies is the problem now before all earnest therapeutists. Repression by force or enactment can never serve against such a condition. The right to investigate, to discover, if wished for to patent new remedies, need not be curtailed. Authoritative bodies, governmental or otherwise, can do much to assist in determining the status of such products, but the final verdict must come from the great body of practical therapeutists, the physicians in actual charge of sick people. Such a body as the Council on Pharmacy and Chemistry of this Association may perform an important function in making im-

partial examinations and reports on new substances of obscure composition, but it can not determine whether or not such substances shall be used. The American Pharmacologic Society can also carry on an equally valuable work in making further tests. But no such body can be depended on to disclose all the good things and repress the bad, and just as far as it prevents the development of the spirit of responsibility and of criticism on the part of the physician will it do harm.

Medicine has never been successful when bound down by traditions, schools and authorities. It has only flourished when it made use of every resource that science or chance could bring—whether the cinchona bark of the savage, the hydrotherapy of the peasant or the synthetic compounds of the university professor—testing all things, holding fast to the good.

I shall take the liberty of discussing briefly some of the solutions for the present abuses.

One of the most general is the exclusion of advertisements of proprietary medicines, at least those of unknown composition, from medical journals. There are some good reasons why this view should receive consideration. A scientific periodical certainly makes a more pleasing impression when it is free from all advertising. In the case of journals of a more practical tendency it is convenient to be able to find advertisements of drugs, books, instruments and other supplies, but even if classified it is difficult to find what is wanted if there is a preponderating number of notices of drugs, mostly unknown. These are particularly exasperating when inserted among the pages of text, as in some of the most reputable English periodicals. On the other hand, merely keeping such advertisements out of journals would not stop the nuisance, for the same matter, or more, would be forced on us in other ways—sample copies, circulars and the like. Nor would the exclusion of such matter from journals be a likely aid to the morals of those who now fall victims to the wiles of the advertiser. In the practice of medicine, virtue that comes only from lack of temptation is as doubtful a quality as in other cases. Moreover, the daily or weekly appearance of an advertisement can not be sufficient reason for any competent person to patronize the thing advertised. Surely the readers of medical journals do not buy every carriage or automobile, or even every book, any more than they buy all the bargains advertised in the daily paper. Medicines,

like get-rich-quick schemes, furnish a bait of unusual attraction, but both can be withstood.

It can hardly be expected that physicians will abandon the reading of journals with advertisements of nostrums, but if the goods advertised were not bought the obnoxious pages would soon disappear.

It would seem possible to exclude the most exaggerated or obviously baseless claims, but this is not so easy as might seem at first glance, as the following experience shows: In a recent number of the *Fortschritte der Medizin* there was a brief notice of a preparation loudly advertised in America, with a fling at the "credulous colleagues" in "the land of unbounded possibilities." Yet in the same number of the same journal, as in all the previous numbers, were many advertisements, to me just as bad, including one of a remedy for gout, sciatica, "all rheumatisms" influenza and nervous headaches, the same being also an expectorant useful in putrid bronchitis, typhoid and pneumonia, and a specific for whooping cough, asthma, cardiac neuroses and arteriosclerosis."

A decided gain would come from a freer criticism of all kinds in our medical literature. A fear of frankness seems to bind it all—in abstracts, in book reviews and in editorials. Much of this depends, no doubt, on trade affiliations, but it seems to spread beyond them. I may be permitted to cite an example. A plain and easily controllable investigation of the claims of a widely advertised mud preparation was published in *The Journal of the Association* at my instigation. Personal communications and letters from many physicians confirm my idea that the report was one of value. Within a few days after it appeared a circular letter was issued to medical journals, giving a misleading account (though it had been believed by the writer) of the origin of the article, and requesting editors of other journals not to abstract it. The scientific statements in the article were easy to test, and were important, no matter how the article originated. Most of the periodicals, however, followed the wishes of the advertisers and the article was conspicuous by its absence from the abstract columns of the great bulk of journals.

Incidents of this kind, for I am sure the experience mentioned is not unique, indicate one of the greatest obstacles to the freedom of medical science.

Recently a very clear-minded critic of affairs

has pointed out the advantage of greater frankness on the part of physicians toward patients. I think most of us agree on this, at least in the case of intelligent patients. But is there not even greater need of frankness among ourselves, and especially of plain speaking, without cant, prejudice or passion, as regards one phase of one of the greatest evils of the day—the nostrum evil?

At best proprietary remedies will continue to be made and advertised, and all sorts of claims will be made for them. We as a profession can not directly stop these things, even if we think it desirable to do so.

We can, however, learn how to use better than we do now well-known remedies and in that way lessen the use of the others. And, although we can not draw a sharp line between unprincipled time-serving or the affectation of ultramodernity, we can at least express our opinion of crude experimentation. We can assume that the physician who depends on the remedies advertised in display type is no more deserving the credit of advanced views than one who should sell his horses or automobile and buy a balloon for making his daily calls. We can look as coolly on new drugs as we do on a new phase of mental healing or a new application of massage. If this were done, production would be less rapid, the vogue of each novelty shorter, the possible virtues of some more quickly determined.

At times, no doubt, some loss would come from this attitude, as it did from the neglect of the revelations of Holmes, Semmelweiss and Lister. Yet there would be compensations. Perhaps the loss of life from the delay of accepting asepsis was not greater than that from the indiscriminate use of coal-tar antipyretics.

How can the profession be brought to a better attitude as regards the present evil? Many think the solution is to be found in more teaching of prescription writing, of lectures on therapeutics. I differ from those who hold this view. What is needed is (1) broader and deeper training in preliminary and biologic branches and the cultivation of exact habits of mind; (2) a more intense study of pathology, not merely to acquire anatomic data, but to learn the actual results and extent of the lesions in common disease, so that the student may offset speculation with fact; (3) a more intimate study of clinical medicine, that can only come from

more prolonged and more personal investigation at the bedside.

In speaking of the evils of the nostrum habit among physicians do we not forget that, although we usually speak of the profession as a whole, the individuals vary enormously in capacity and opportunities for the study of medicine? Doubtless many graduates of hopelessly poor schools become sound and well-informed physicians, and equally doubtless some graduates of great schools fall into utter routinism, but is not the chief fault the existence of several scores of school that never have given and never can give proper medical instruction?

To sum up, proprietary medicines are increasing as the result of natural developments. These abuses spring partly from the exaggeration of legitimate commercial methods, partly from the credulity of the medical profession. The remedy for this part is wholly in ourselves. Let us do all we can to overcome this at least.—*Journal A. M. A.*

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A JOINT MEETING OF PHYSICIANS AND PHARMACISTS.

On January 12, 1907 there will be a meeting of pharmacists and physicians, of St. Louis to take up the mutual relations of the two professions. The meeting will be held at the Auditorium of the St. Louis Medical Society. The following is the programme:

Analysis of the New Pharmacopoeia, by Mr. J. M. Good. Discussion by Dr. J. L. Boehm.—The Mission of the National Formulary, with Exhibit of Selected Preparations, by Prof. Francis Hemm. Discussion by Dr. Justin Steer.—The Ethics of Prescription Writing by Dr. A. E. Taussig. Discussion by Mr. A. A. Kleinschmidt.—The Ethics of Prescription Compounding, by Mr. Emil A. Sennawald.—Discussion by Dr. O. A. Wall. This meeting is got up by the St. Louis Medical Society which has invited the Alumni Association of the City Hospital, the Cinchona Club, the St. Louis Retail Druggists' Association, the St. Louis Drug Clerks' Association and the Alumni Association of the St. Louis College of Pharmacy to take part in the meeting. This joint consideration of a live topic follows up an excellent programme recently carried out by the City Hospital Alumni of St. Louis, which has already resulted in much good.

JOHN C. MORFIT.

Chairman of the Executive Committee.

AFFECTIONS.

The medical profession is beginning to recognize the efficacy of injections of alcohol in the treatment of at least two conditions hitherto considered rebellious to therapeutic methods—viz.: trigeminal neuralgia and facial spasm. In a communication made to the Neurological Society of Paris on July 5, M. Brissaud, M. Sicard, and M. Tanon gave interesting details of the application of the method to various other conditions usually accounted hopeless. The contact of one or two cubic centimeters of alcohol (70 or 80 per cent.) with the actual conducting fibers of a nerve trunk is followed by the diminution or disappearance or sensory or motor spasmodic phenomena in the distribution of the trunk. This procedure, however, is to be avoided where there is any neuritis or other inflammatory process at work, and its use in cases of sciatica has merely aggravated the symptoms. On the other hand, in the contracture of hemiplegics and paraplegics, where spontaneous clonus is a distressing complication, in certain cases of athetosis, in spasms of the muscles of the neck, and in cramps arising from profession or occupation, the writers have obtained singularly good results. It is true no one of their cases has as yet been under observance for longer than two months, and therefore conclusions may be somewhat premature, but notwithstanding this reservation the significance of the facts cannot be neglected. Preliminary experimentation on animals made it clear that the injection of alcohol into the sciatic nerve was succeeded by transient paresis or paralysis in the leg and foot, accompanied by the reaction of degeneration in the muscles involved, and histological examination showed the presence of Wallerian degeneration beyond the site of the puncture. Weaker solutions (30 or 40 per cent.) did not produce any motor impairment, but again degenerated fibers were found in the nerve trunk. A commencement of the application of this method in man was made with certain cases of contracted foot in hemiplegia. At a point just below the exit of the sciatic from the pelvis two cubic centimeters of 80-per-cent, alcohol, with the addition of rather less than a centigram of stovaine for each cubic centimeter, were injected into the nerve. Immediately after the injection the patient had a sensation of heat and of heaviness in the leg and the skin of the foot was seen to be

reddened and felt warm to the touch; there was a certain amount of tactile anesthesia on the outer side of the leg, there was paresis of the toes, dorsiflexion was weak, and the tendo Achillis jerk was entirely abolished. In particular, all clonic and spasmodic movements of the foot vanished. Two months later the condition remained the same, except that the paresis was less, the paresthesiæ had begun to diminish, and the anesthesia had disappeared. There was no indication either of trophic disturbance or of alteration in electric excitability. The writers propose to continue their researches in the domain of other nerve trunks and with further experience the technique will no doubt be improved and the dosage standardized.—The Lancet, Sept. 22, 1906.

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NO OPPOSITION.

There should not be any opposition from the State Journal directed towards the privately owned journal. Neither should the privately owned journal antagonize the State Journal. The State Journal is a fixture and the same can be said of the privately owned journal. The State Journal occupies a position that the privately owned journal can never occupy, and the same thing again may be said of the privately owned journal. It is impossible for the State membership to feel the same towards the privately owned journal, that it feels for its own journal. The membership have a kindlier feeling for its own. The State Journal exists solely for organization and as such must always have the interest of organization at heart; while it must be recognized that the privately owned journal cannot fill this place in the "hearts" of the members. Both have their field of usefulness, and both should recognize the rights of each other, but the privately owned journal ought not to exploit the wares of the "Nostrom Maker" any more than the State Journal, and if this principle is practiced and carried out as effectually by the privately owned journal as by the State Journal, there will be no cause for complaint.

Will the privately owned journal ever harmonize its advertising pages in accordance with the findings of the Council? The State Journals it is sincerely hoped will. If the two will do this, then the medical millennium will have arrived. Let's live in hopes that such will some day be the conditions.

TRAVELING FAKIRS—A REMEDY.

Springfield, Ohio, Dec. 10, 1906.

To the Editor:—Our city was recently afflicted by an unusually blatant pair of fakirs, and the way in which we got rid of them may be of interest. They advertised under the name of "Dr. Otto Urban," or "Prof. Joseph Otto Urban and his staff of magnetic healers." They carried full-page advertisements in our local papers, gave public exhibitions in the city hall and opened offices in a hotel. The first day they had between 30 and 40 patients.

Our medical society has a committee to look after illegal practitioners, and it was soon learned that "Dr." Urban was not licensed by the state board. A warrant for his arrest was secured and the fact demonstrated that Urban was a myth. R. E. Brake was the man brought into court, and he was regularly licensed. A warrant was then secured for the arrest of his business manager, C. J. Young, alias Joseph Otto Urban, but he skipped out before we could arrest him.

The day after we attempted to arrest Urban they did not have a patient, and Brake said in an interview that we had ruined his business.

If these fellows try to operate elsewhere we will gladly furnish those requesting it, all the information we have concerning them.

W. B. PATTON.

—J. A. M. A.

The above method might be employed in Arkansas to a good advantage. The idea of a "Lookout Committee" is a good one, and every county society should see that the most fearless, aggressive and at the same time, conservative man should be made its chairman. This committee should be composed of men (three is enough) who have the welfare of the profession and community at heart. Men who will guard the interest of the profession and community against such "sharks."

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A visiting member from Randolph County reports to the Secretary a scheme which they find works well. In order to increase and maintain the interest in the County Society, they have inaugurated a system of clinics for their County Medical Society. In addition to this they invite non-members to visit the meetings of the County Medical Society, making this invitation an official one.

DR. H. C. STINSON RE-ELECTED.

Dr. H. C. Stinson has been chosen by the State Board of Charities as superintendent of the State Hospital for Nervous Diseases for another term. He was the only candidate. Dr. Stinson has been superintendent of the hospital for the past five years. He will select his own staff of officials for the new year subject to the approval of the board at its next meeting. It is not expected there will be many changes in the staff.

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SOME IMPORTANT INCOMPATIBILITIES.

Antipyrin and sodium salicylate when combined give rise to a semi-liquid substance. Antipyrin when combined with chloral gives rise to an oily liquid and similarly when combined with betanaphthol, salol, resorcin, pheno, pyrogallol, thymol or urethane.

Acetanilid is incompatible with chloral, thymol, resorcin or menthol.

Betanaphthol is incompatible with antipyrin, camphor, menthol, phenol or urethane.

Camphor monobromid is incompatible with chloral, phenol, salol and thymol. Camphor should not be combined with betanaphthol, chloral, phenol, pyrogallol, resorcin, salol, thymol or urethane.

Chloral is not compatible with acetanilid, camphor, camphor bromid, menthol, phenacetin, phenol, salol, thymol, or urethane.

Menthol can not be mixed with naphthol, pyrogallol, resorcin, salol, thymol or urethane.

Sodium salicylate should never be combined with antipyrin and phenol.

Phenacetin is incompatible with naphthol, chloral and phenol, while phenol decomposes antipyrin, naphthol, camphor, chloral, menthol, sodium salicylate, pyrogallol, resorcin, salol, thymol and urethane.

Pyrogallol is incompatible with antipyrin, camphor, menthol and phenol.

Resorcin forms new compounds with acetanilid, camphor monobromid, naphthol, menthol, phenol and urethane.

Salol shows some chemical change with antipyrin, camphor, camphor bromid, chloral, phenacetin, pyrogallol and thymol.

Thymol is incompatible with acetanilid, antipyrin and camphor; also with chloral, menthol, phenol, salol and urethane.

Urethane shows changes with antipyrin, naphthol, camphor, chloral, phenol, pyrogallol, resorcin, salicylic acid, salol and thymol.

—*Pharmaceutical Record.*

AMONG THE SAINTS.

A young married man in St. Croix
Had a squalling and brawling young boix;
In the morning at three
He would sigh, "Oh, dear me,
This floor-walking business St. Joix."

A clergyman down in St. Cloud
Met two girls who were dressed pretty loud;
"Oh, heavens, what style!"
He exclaimed, with a smile;
"Don't tell me these ladies St. Proud."

A butcher who lived in St. Augustine
Wanted August, his son, to bring sawdust in;
But August was out,
And they heard the man shout;
"Now, why the blue blazes St. Augustine?"

A preacher who thrived in St. Joe
Was paid by a timid young boe
A whole twenty spot.
Just for tying the knot;
Ask the beau if you think this St. Soe.

On a train that pulled out of St. John
Thus remarked the facetious young "con";
"Those men were too late,
And I'm sorry to state
That we're off and these fellows St. Ohn."

A gallant young man in St. Peter
Said his girl was so sweet he could eat her;
"For no peaches," said he,
"Are more luscious than she,
And I'm sure that molasses St. Sweeter."
—Chicago Record-Herald.

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SOME SIDE REMARKS.

No real doctor is envious of the success of others.

A patient that you are treating is worth two that you have in prospect.

No physician need expect to please his patients when he fails to please himself.

Every time a big doctor shrinks from his duty a small one will rise to the occasion.

The wise doctor will ascertain what is on the other side before jumping at conclusions.

It does not take long to make a boasting doctor an exaggerating doctor, and then develop into an ordinary liar.

SALICYLIC ACID FOOD AS A PRESERVATIVE.

As a result of observations on a "poison squad" of twelve young government clerks, Dr. Harvey W. Wiley, Chief Chemist of the Department of Agriculture, has announced that while salicylic acid is not as harmful as a food preservative as has been generally supposed, its use for this purpose is reprehensible. Its administration was found to be temporarily stimulating to the digestive organs, but in the course of time the processes of nutrition were interfered with, and a loss of weight was noted in the members of the squad.

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SILOAM SPRINGS MEDICAL ASSOCIATION.

The Benton County Medical Association met at Siloam Springs December 12. An interesting program, which consisted of discussions of medical subjects, was the feature of the meeting. The following officers were elected: H. E. Thompson, president; Dr. Lindsey, vice president; C. Rice, secretary; F. G. Eubanks, delegate to state association; J. A. Fergus and J. T. Clegg, Board of Censors.

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PROPRIETARIES AND "PATENT MEDICINES."

On motion of Dr. Edward McGuire, Richmond, a committee was appointed to draft a bill requiring all proprietary preparations and "patent medicines" sold in the state to have printed on the label of the bottle or package their formula—this bill to be presented at the next session of the state legislature.

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Can any better plan be outlined to secure members for the State Medical Society? We think not. Let the non-member understand that you have an interest in him, and you will soon find out how he feels toward your Society. It is impossible to catch flies with vinegar. The best way is with sugar. If all the county societies in the State would take upon themselves the idea of extending to these non-members who are eligible, a cordial greeting and friendly handshake, coupled with an invitation to attend the social functions of the County Society, the membership would soon begin to grow.

REPORT OF THE COUNCIL ON PHARMACY AND CHEMISTRY.

We reprint herewith from *The Journal* of the American Association, for September 15, the first installment of the report of the Council on Pharmacy and Chemistry. Additional installments will appear from time to time. The importance of these reports is too evident to need comment. For the first time in the history of the organized profession, a scientific commission, whose ability and probity is above suspicion, has reported on preparations regarding which heretofore we have had only the report of those interested, financially and otherwise, in their exploitation.

ACETOZONE.

A mixture of equal parts of benzoylacetyl peroxide and an inert absorbent powder.

Actions and Uses.—Benzoylacetyl peroxide belongs to a class of compounds known as the organic peroxides in which an excess of oxygen has been combined in such a way that it is somewhat slowly given off in a nascent condition. On contact with water it hydrolyzes, forming benzo-peracid and aceto-peracid which exert marked oxidizing and germicidal action. In consequence of this change, these compounds are thought to be particularly adapted for internal administration. The germicidal and antiseptic properties of this substance have been attested by the experimental results of several observers. It has been used in ophthalmic, aural and nasal practice with asserted good effect as an antiseptic. It has also been applied internally, especially in typhoid fever, with a view to the disinfection of the intestinal canal, and appears to be an intestinal antiseptic. **Dosage.**—Acetozone is generally employed in aqueous solution prepared as follows: Add acetozone to warm water in the proportion of 1 Gm. to 1000 Cc. (15 grains to the quart), shake vigorously for five minutes, and allow to stand for about two hours. Decant the liquor as required. This solution may be drunk *ad libitum*, two quarts or more being taken by an adult in twenty-four hours. Acetozone is also used in oily solution as an inhalant. Manufactured by Parke, Davis & Co., Detroit, Mich.

ACETOZONE INHALANT.

A solution of benzoylacetyl peroxide in li-

quid petrolatum. Formula: One hundred grammes contain: Benzoylacetyl peroxide, 1.0 Gm., chlorotone (chlorbutanol), 0.5 Gm.: Refined liquid petrolatum, 98.5 Gm.

Dosage.—It is to be inhaled in the form of a very fine spray, or nebula, best produced by an atomizer especially designed for oily liquids. Prepared by Parke, Davis & Co., Detroit, Mich.

ACET-THEOCINSODIUM.

Acet-theocinsodium, $C_7H_7N_4O_2Na + CH_3.COONa$, a double salt of sodium acetate and 1.3 dimethylxanthine-sodium (theophyllin-sodium).

Actions and Uses.—It has the diuretic properties of theocin, reinforced by the diuretic action of sodium acetate, and, being more soluble, it has been claimed to be more readily absorbed and better tolerated than theophylline. It is recommended in cardiac affections, nephritis, dropsy, etc. **Dosage.**—0.2 to 0.35 Gm. (3 to 5 grains). best given after meals. Manufactured by Farbenfabriken vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color and Chemical Co., New York).

ADNEPHRIN EMOLLIENT.

Recommended as a local application where prolonged use is required. Prepared by F. Stearns & Co., Detroit, Mich.

ADNEPHRIN OIL SPRAY.

The preparation is applied as a spray to the mucous membranes in congestive and inflammatory affections, preferably after washing with Dobell's solution. Prepared by F. Stearns & Co., Detroit, Mich.

ADNEPHRIN SOLUTION.

A sterile solution 1-1000 of the suprarenal active principle in physiologic salt solution containing one-half of one per cent. of methaform (chlorbutanol).

Actions and Uses.—The actions and uses of this preparation are described under Suprarenal Alkaloid. **Dosage.**—The dose internally is from 0.2 to 2.0 Cc. (3 to 30 minims) in water. Adneph rin is also used in oily solution as a spray, see Adneph rin Oil Spray, and in the form of ointment, see Adneph rin Emollient. Prepared by F. Stearns & Co., Detroit, Mich.

ADRENALIN.

The active alkaloid of suprarenal gland,

prepared by the method of Takamine, see Suprarenal Alkaloid.

Dosage.—Locally, 1-1000 to 1-15000 solution, as the chloride. Internally, 0.3 to 2 Cc. (5 to 30 mm.) of 1-1000 solution. Hypodermically, 1 to 15 drops of 1-1000 solution, diluted with sterile water. Manufactured by Parke, Davis & Co., Detroit, Mich.

ADRENALIN CHLORIDE SOLUTION.

Dosage.—See adrenalin. Prepared by Parke, Davis & Co., Detroit, Mich.

ADRENALIN SUPPOSITORIES.

1 part of adrenalin to 1000 parts of oil of theobroma (cacao butter). Each suppository weighs about 1 Gm. (15 grains). Prepared by Parke, Davis & Co., Detroit, Mich.

AGURIN.

Agurin, $C_7H_7N_4O_2Na + NaC_2H_3O_2$, a double salt of sodium acetate and theobromine-sodium.

Actions and Uses.—It acts like theobromine, over which it has the advantage of great solubility and that it is well tolerated by the stomach. While inferior in diuretic power to theophyllin (which see), it is said to have greater power in sustaining the diuresis produced. Dosage.—0.5 to 1 Gm. (7 to 15 grains), preferably in wafers or capsules. If in solution, this should be freshly prepared (with peppermint water) and without sugar or mucilage. Manufactured by Farbenfabriken vorm. Friedr. Bayer & Co., Elberfeld, Germany, (Continental Color & Chemical Co., New York).

AIROL.

Airol, $C_6H_2(OH)_3(COOBi(OH))—C_7H_6O_6Bi$, a combination of bismuth oxyiodide (subiodide) and gallic acid.

Actions and Uses.—As it liberates iodine in the nascent state in the presence of wound secretions it has been recommended as a desirable and efficient substitute for iodoform in the treatment of wounds, burns, skin diseases, gonorrhea, etc. Dosage.—It is used externally in the pure state or diluted with talc, or in the form of a 10 per cent. suspension in equal parts of glycerin and water, or as a 10 to 20 per cent. ointment with 2 parts of petrolatum and 7 parts of wool fat. Manufactured by F. Hoffman-La Roche & Cie., Basle, Switzerland (The Hoffman-La Roche Chemical Works, New York).

ALPHA-EUCAINE HYDROCHLORIDE.

Alpha-eucaine hydrochloride is the hydrochloride of benzoyl-methyl-oxypiperidine-carbonic methyl ester.

Alpha-eucaine hydrochloride is the hydro-eucaine is similar to that of cocaine, but it is regarded as three and three-fourths times less toxic than cocaine. In large doses it first stimulates and then paralyzes the central nervous system; it slows the heart and produces a fall of blood pressure. Locally it acts like cocaine as an anesthetic, but dilates the blood vessels, instead of contracting them. It does not dilate the pupil. It is more irritating to the mucous membrane than cocaine or than beta-eucaine. It has a moderate bactericidal action. It is used as a substitute for cocaine in general and minor surgery, but beta-eucaine is preferred for applications to the eye. Dosage.—2 to 5 or even 9 per cent. solutions. Not more than 2 Cc. (30 minims) of a 4 per cent. solution should be used at one time. Manufactured by Chemische Fabrik auf Actien. vorm E. Schering, Berlin (Schering & Glatz, New York).

ALPHOZONE.

Alphozone, $(COOH.CH_2CH_2CO)_2O_2—C_8H_{10}O_8$, an organic peroxide resulting from the action of hydrogen dioxide on succinic anhydride.

Actions and Uses.—Alphozone belongs to the class of organic peroxides, and by its powerful oxidizing power becomes a germicide and antiseptic. Dosage.—Alphozone is also marketed in the form of tablets containing each 0.065 Gm. (one grain), of alphozone, which are used for making solutions, one tablet to 60 Cc. (2 fluid ounces) of water giving a solution (1 to 1000) suitable for general external use; but, as a nasal douche, one tablet in 180 Cc. (6 fluid ounces) of water is often preferred. Manufactured by F. Stearnes & Co., Detroit, Mich.

ALUMNOL.

The aluminum salt of B-naphtholdisulphonic acid, $Al_2(C_{10}H_5.OH.(SO_2))_2_3—Al_2C_{30}H_{18}O_{21}S_6$.

Actions and Uses.—It is an astringent and mild antiseptic. It is claimed that it can be used as a mild astringent, an irritant or a caustic, according to the strength of the solution, and it is asserted that it exerts a peculiarly destructive action on gonococci. It has been recommended for a variety of affec-

tions in which a caustic, astringent or antiseptic is indicated. It has been particularly recommended for gonorrhea in females, especially when affecting the endometrium. Dosage.—As a surgical antiseptic, in 0.5 to 3 per cent. solutions; in gynecology, in 2 to 5 per cent. solutions; in otology and laryngology, either as powder or in 1-4 to 1 per cent. solution as douches, washes or gargles; as cautery, in 10 to 20 per cent. solution. Manufactured by Farbwerke, vorm. Meister, Lucius & Bruening, Hoechst A. M. (Victor Koechl & Co., New York).

AMINOFORM.

A name applied to Hexamethylenamina, U. S. P. Sold by C. Bischoff & Co., New York.

ANESTHESIN.

Anesthesin, $C_6H_4(NH_2)(COOC_2H_5)_2$ 1:4— $C_9H_{11}O_2N$ the ethyl ester of paramidobenzoic acid, obtained by the reduction of paranitrobenzoic acid.

Actions and Uses.—It was introduced as a substitute for cocaine and is a local anesthetic, similar in its action to orthoform and said to be equally effective, but free from irritant action and toxicity. The anesthetic action, like that of the related compound orthoform, resembles that of cocaine, but is purely local, does not penetrate the mucous membranes, and in consequence of its insolubility the compound can not be used by hypodermic injection. In consequence of its insolubility the anesthetic effect is more prolonged than that of cocaine. It is recommended in various forms of gastralgia, in ulcer and cancer of the stomach for the relief of pain, and is applied locally in rhinologic and laryngeal affections, urethritis, etc.; it is also recommended for anesthetizing wounded surfaces, burns, ulcerations and painful affections of the skin. It is more effective in cases where the skin is broken. Dosage.—Internally, 0.3 to 0.5 Gm. (5 to 8 grains), in pastilles. Externally it is applied as a dusting powder, either pure or diluted. It may be applied as an ointment or in the form of suppositories. Manufactured by Farbwerke, vorm. Meister, Lucius & Bruening, Hoechst a. M. (Victor Koechl & Co., New York).

ANTIPIRYNE SALICYLATE.

Antipyrine salicylate, $C_{11}H_{12}N_2O.C_6H_4OH.CO_2H$ — $C_{18}H_{18}N_2O_4$, a weak chemical combination of antipyrine and salicylic acid.

Actions and Uses.—This compound pos-

sesses the properties of both antipyrine and salicylic acid and combines the analgesic power of the one with the antirheumatic action of the other. It has been used with good results in sciatica, rheumatic fevers, chronic rheumatism, influenza, pleurisy, dysmenorrhea, etc. Dosage.—0.3 to 2.0 Gm. (5 to 30 grains) in cachets or capsules.

ANTITHERMOLINE.

A name applied to a preparation said to be made according to the following formula: Each pound contains 4000 grains of imported washed kaolin, washed and purified, 14 grains boric acid, 14 grains oil of eucalyptus, menthol and thymol combined, and 4.9 fluid ounces of glycerin. It closely resembles the Cataplasma Kaolini, U. S. P. Prepared by G. W. Carnrick Co., New York.

ANTITHYROID PREPARATIONS.

Preparations obtained from the blood or milk of animals, after the removal of the thyroid glands. The use of these preparations is based on the theory that the thyroid gland secretes products which are toxic, but which neutralize, and are neutralized by, other toxic substances produced elsewhere in the body. Removal of the thyroid glands, therefore, leads to the accumulation of these second toxic substances as evidenced by the phenomena of cachexia strumipriva and myxedema. On the other hand, the blood or milk of such animals is capable of preventing the effects of a hypersecretion of thyroid substance, such as is supposed to occur in Basedow's disease (exophthalmic goiter). These views are still largely hypothetical; but the majority of clinical observers report markedly beneficial results in the milder forms of the disease and in obscure nervous disorders which are supposedly connected with thyroid hypersecretion. The effects are less pronounced in the more severe forms. The action is merely palliative and other measures of treatment should not be neglected. Improvement occurs in two or three weeks and is indicated by an amelioration of the nervous symptoms, tremors, palpitation, insomnia and excitability. The administration must be long continued. Oral and hypodermic administration are equally effective, but the former is usually preferred. These preparations are not toxic, even when very large doses are used.

ANTIHYROIDIN, MOEBIUS.

The blood-serum of sheep from which the

thyroid gland has been removed at least six weeks before the blood is drawn, preserved by the addition of 0.5 per cent. of phenol.

Actions and Uses.—For actions and uses see Antithyroid Preparations. **Dosage.**—It is administered by the mouth in doses beginning with 0.5 to 1 Cc. (8 to 15 min.) three times a day, gradually increasing the dose as necessary. Manufactured by E. Merck, Darmstadt. (Merck & Co., New York).

ARGENTAMIN.

An aqueous solution of silver nitrate and ethylenediamine, corresponding to 10 per cent. of silver nitrate.

Actions and Uses.—It is antiseptic and astringent like other silver salts, with the asserted advantage of being non-irritant and more penetrating than silver nitrate. It is said to be useful in all cases where the non-caustic action of silver nitrate is indicated. **Dosage.**—It may be used in the anterior urethra in 0.25 to 1 per cent. solution; in the posterior urethra in from 1 to 4 per cent. solution; in ophthalmology in 5 per cent. solution. Manufactured by Chemische Fabrik auf Actien, vorm. E. Schering, Berlin. (Schering & Glatz, New York).

ARGONIN.

A soluble case in compound containing 4.28 per cent. of silver.

Actions and Uses.—Its action and uses are similar to those of silver nitrate, but it is claimed to have greater power of permeating living colloid membranes than other silver albumoses. It is applied as an injection in 0.1 to 0.2 per cent. solution; in ophthalmic practice a 10 to 20 per cent. solution in glycerin may be used. **Dosage.**—It is generally used in 0.5 per cent. solution, but even 20 per cent. solutions have been injected producing irritant symptoms. Manufactured by Farwerke vorm. Meister, Lucius & Bruening, Hoechst a. M. (Victor Koechl & Co., New York).

ARGYROL.

A compound of a derived proteid and silver oxide, containing from 20 to 25 per cent. of silver.

Actions and Uses.—Solutions of argyrol (20 to 50 per cent.) are said to be non-irritating to mucous membranes. Taken internally it is said to be non-toxic. It is claimed to be an antiseptic. It is recommended in urethri-

tis and cystitis, in conjunctivitis and in affections of the nose, throat and ear. **Dosage.**—It is employed in from 10 to 25 per cent. and even stronger solutions. Manufactured by Barnes & Hille, Philadelphia.

(To be continued.)

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SOMNOS.

The manufacturers of Somnos have been claiming that their preparation is a definite "chemical product formed by the synthesis of chlorethanal with a polyatomic alcohol radical." Very few, if any, physicians who read this description realized that chlorethanal is another name for chloral and that a polyatomic alcohol radical, in this instance, meant glycerin. In *The Journal of the American Medical Association* for Sept. 1, 1906, attention is called to the actual facts in regard to this preparation in a comment on the circular letter published by the H. K. Mulford Company. In the literature regarding the physiologic action of Somnos the H. K. Mulford Company claimed that it has no "depressive action on the heart or circulation and has no destructive influence on the red corpuscles of the blood, nor does it cause gastric disturbances by continued use." The literature also repeatedly said that it contained no chloral and that it was free from the bad effects of chloral.

The Council on Pharmacy and Chemistry, in *The Journal A. M. A.* for Sept. 15, publishes a report of investigations that were made on mice, guinea-pigs and dogs for the purpose of proving or disproving the claims made for Somnos by its manufactures. The result of the investigation showed that the physiologic action of Somnos is practically indistinguishable from that of a 5 per cent. solution of chloral hydrate.

According to the reports, Somnos is no less toxic than chloral hydrate, and the depressing effects on the temperature, respiration and circulation are the same in each instance. The Council suggests that physicians who are in the habit of using Somnos should compare the results they obtain from it with a 5 per cent. elixir of hydrate of chloral. In this way they can verify for themselves whether or not the Council's conclusions are correct, that a 5 per cent. elixir of chloral glycerate (Somnos) has the same physiological and therapeutical action as a 5 per cent. elixir of chloral hydrate.

NEW AND NON-OFFICIAL REMEDIES.

The following articles have been tentatively approved by the Council on Pharmacy and Chemistry of the American Medical Association. The list will be revised by adding other articles as accepted and by omitting any which on further investigation may be found to conflict with the rules of the Council.

Following the name of each article is the name of the manufacturer or, in case of foreign products, of the American agent; where no name is given the article is believed to be neither protected by patent nor trademark. The date following the article refers to the preliminary publication in *The Journal A. M. A.* When no date is given the description has not yet been published. This list brought up to date, will appear in the first issue of each month.

Acetone (P. D. & Co.), Sept. 15, 1906.

Acetone Inhalant (P. D. & Co.), Sept. 15, 1906.

Acet-theocinsodium (Cont. Color and Chem. Co.), Sept. 15, 1906.

Adnephtrin Emollient (Stearnes & Co.), Sept. 15, 1906.

Adnephtrin Oil Spray (Stearnes & Co.), Sept. 15, 1906.

Adnephtrin Solution (Stearnes & Co.), Sept. 15, 1906.

Adnephtrin Suppositories (Stearnes & Co.),

Adrenalin (P. D. & Co.), Sept. 15, 1906.

Adrenalin Chloride Solution (P. D. & Co.), Sept. 15, 1906.

Adrenalin Suppositories (P. D. & Co.), Sept. 15, 1906.

Agurin (Cont. Color and Chem. Co.), Sept. 15, 1906.

Airol (Hoffman-LaRoche Chem. Works), Sept. 15, 1906.

Albargin (Koechl & Co.).

Alpha-Eucaine Hydrochloride (Schering & G.), Sept. 15, 1906.

Alphozone (Stearns & Co.), Sept. 15, 1906.

Alphozone Tablets (Stearns & Co.), Sept. 15, 1906.

Alumnol (Koechl & Co.), Sept. 15, 1906.

Alypin (Cont. Color and Chem. Co.).

Aminoform (Bischoff & Co.), Sept. 15,

Anesthesin (Koechl & Co.), Sept. 15, 1906.

Anthrasol (Knoll & Co.).

Antipyrine Salicylate, Sept. 15, 1906.

Antithermoline (G. W. Carnrick Co.), Sept. 15, 1906.

Antithyroidin (Merck & Co.), Sept. 15, 1906.

Antithyroid Preparations, Sept. 15, 1906.

Argentamin (Schering & G.), Sept. 15, 1906.

Argonin (Koechl & Co.), Sept. 15, 1906.

Argyrol (Barnes & Hille), Sept. 15, 1906.

Aristochin (Cont. Color and Chem. Co. September 22, 1906.

Aristol (Cont. Color and Chem. Co. Sept. 22, 1906.

Aspirin (Cont. Color and Chem. Co.), Sept. 22, 1906.

Benzosol (Koechl & Co.), Sept. 22, 1906.

Beta-Eucaine Hydrochloride (Schering & G.), Sept. 22, 1906.

Beta-Naphthol Benzoate (Merck & Co.), Sept. 22, 1906.

Betol (Heyden Chem. Works), Sept. 22, 1906.

Bismal (Merck & Co.), Sept. 22, 1906.

Borochloretone (P. D. & Co.), Sept. 22, 1906.

Brometone (P. D. & Co.), Sept. 22, 1906.

Bromipin—10 per cent. (Merck & Co.), Sept. 29, 1906.

Bromipin—33 1-3 per cent. (Merck & Co.), Sept. 29, 1906.

Butyl-Chloralhydrate, Sept. 9, 1906.

Calcium Ichthyol (Merck & Co.), Sept. 29, 1906.

Calomelol (Heyden Chem. Works), Sept. 29, 1906.

Calomel Ointment (Heyden Chem. Works), Sept. 29, 1906.

Cascara Evacuant (P. D. & Co.), Sept. 29, 1906.

Cascara Tonic Laxative Globules (P. D. & Co.), Sept. 29, 1906.

Chinaphenin (Cont. Color & Chem. Co.), Sept. 29, 1906.

Chloralamid (Schering & G.).

Chlorbutanol, Sept. 29, 1906.

Chloretone P. D. & Co.), Sept. 29, 1906.

Chloretone Inhalant (P. D. & Co.), Sept. 29, 1906.

Citarin (Cont. Color & Chem. Co.), Sept. 29, 1906.

- Collargol (Schering & G.).
 Collargol Ointment (Schering & G.).
 Cresotal (Cont. Color & Chem. Co.), Oct. 6, 1906.
 Cresylone (P. D. & Co.).
 Cupro-Hemol (Merck & Co.).
 Dentalone (P. D. & Co.), Oct. 6, 1906.
 Dermatol (Koechl & Co.), Oct. 6, 1906.
 Diabetin (Schering & G.), Oct. 6, 1906.
 Dionin (Merck & Co.), Oct. 6, 1906.
 Diuretin (Merck & Co.), Oct. 6, 1906.
 Duotal (Cont. Color & Chem. Co.), Oct. 6, 1906.
 Duotonal (Schering & G.), Oct. 6, 1906.
 Elixir Eupnein (Schieffelin & Co.), Oct. 6, 1906.
 Elixir Saw Palmetto (P. D. & Co.), Oct. 6, 1906.
 Empyroform (Schering & G.), Oct. 6, 1906.
 Epicarin (Cont. Color & Chem. Co.), Oct. 6, 1906.
 Erythrol Tetranitrate (Merck & Co.), Oct. 6, 1906.
 Ethylenediamine (Schering & G.), Oct. 6, 1906.
 Eucaïne, Oct. 6, 1906.
 Eucaloids (Edward G. Binz), Oct. 6, 1906.
 Eucamul (Edward G. Binz), Oct. 13, 1906.
 Euformol (P. D. & Co.).
 Eugallol (Knoll & Co.), Oct. 13, 1906.
 Eumpdrin (Cont. Color & Chem. Co.), Oct. 13, 1906.
 Euphorin (Fork v. Heyden), Oct. 13, 1906.
 Euphthalmin (Schering & G.), Oct. 13, 1906.
 Eupuinine (Merck & Co.), Oct. 13, 1906.
 Euresol (Knoll & Co.), Oct. 13, 1906.
 Euresol Soap (Knoll & Co.), Oct. 13, 1906.
 Europhen (Cont. Color & Chem. Co.), Oct. 13, 1906.
 Exodin (Schering & G.).
 Ferrichthyl (Merck & Co.), Oct. 13, 1906.
 Ferripyrine (Koechl & Co.), Oct. 13, 1906.
 Ferropyryne (Knoll & Co.), Oct. 13, 1906.
 Formalin (Schering & G.), Oct. 13, 1906.
 Formin (Merck & Co.), Oct. 13, 1906.
 Gallogen, (Bischoff & Co.), Oct. 13, 1906.
 Germicidal Soap (P. D. & Co.), Oct. 13, 1906.
 Glutol-Schleich (Schering & G.), Oct. 13, 1906.
 Glycerin Emollient (P. D. & Co.), Oct. 13, 1906.
 Glycerophosphates, Oct. 13, 1906.
 Guaiacol-Salol (Merck & Co.), Oct. 13, 1906.
 Guaiamar (Mallinckrodt Chem. Works), Oct. 20, 1906.
 Guajasanol (Koechl & Co.), Oct. 20, 1906.
 Haemoferrum (Stearns & Co.).
 Hedonal (Cont. Color & Chem. Co.), Oct. 20, 1906.
 Helmitol (Cont. Color & Chem. Co.), Oct. 20, 1906.
 Hemicranin (Cont. Color & Chem. Co.), Oct. 20, 1906.
 Hemogallol (Merck & Co.), Oct. 20, 1906.
 Hemol (Merck & Co.).
 Hemoquinine (Schieffelin & Co.), Oct. 20, 1906.
 Heroin (Cont. Color & Chem. Co.), Oct. 20, 1906.
 Heroin Hydrochloride (Cont. Color & Chem. Co.), Oct. 20, 1906.
 Heromal (Schieffelin & Co.), Oct. 20, 1906.
 Heroterpine (Schieffelin & Co.), Oct. 20, 1906.
 Hetol (Merck & Co.), Oct. 20, 1906.
 Hexomethylenamine Methylencitrate, Oct. 27, 1906.
 Holocaine Hydrochloride (Koechl & Co.), Oct. 27, 1906.
 Hypnal (Koechl & Co.), Oct. 27, 1906.
 Ichthalbin (Knoll & Co.), Oct. 27, 1906.
 Ichthammon (F. Reichelt), Oct. 27, 1906.
 Nov. 10, 1905.
 Ichthargan (Ichthyol Co.), Oct. 27, 1906.
 Ichthermol (Merck & Co.), Oct. 27, 1906.
 Ichthoform (Merck & Co.), Oct. 27, 1906.
 Ichthyol (Merck & Co.), Oct. 27, 1906.
 Ichthyolum Austriacum (G. Heil & Co.), Oct. 27, 1906.
 Iodipin—10 per cent. (Merck & Co.), Oct. 27, 1906.
 Iodipin—25 per cent. (Merck & Co.), Nov. 3, 1906.

- Iodoformogen (Knoll & Co.), Nov. 3, 1906.
- Iodothyrene (Cont. Color & Chem. Co.), Nov. 3, 1906.
- Iothion (Cont. Color & Chem. Co.), Nov. 3, 1906.
- Isoform Powder (Koechl & Co.), Nov. 3, 1906.
- Isopral (Cont. Color & Chem. Co.), Nov. 3, 1906.
- Kasagra (Stearns & Co.), Nov. 3, 1906.
- Kola, Stearns (Stearns & Co.), Nov. 3, 1906.
- Kresamine (Schering & G.), Nov. 3, 1906.
- Lac Bismo (E. J. Hart & Co.), Nov. 3, 1906.
- Lactophenin (Chem. Fbrk. vrm., Goldenberg. Geromont & Co.), Nov. 3, 1906.
- Laminoids Ferruginous (Nascent) (Schieffelin & Co.), Nov. 3, 1906.
- Lennigallol (Knoll & Co.), Nov. 3, 1906.
- Liquor Tritici (P. D. & Co.), Nov. 3, 1906.
- Lithium Ichthyol (Merck & Co.), Nov. 3, 1906.
- Lycetol (Cont. Color & Co.), Nov. 3, 1906.
- Lysidin (Knoll & Co.), Nov. 3, 1906.
- Mercurol (P. D. & Co.), Nov. 3, 1906.
- Mesotan (Cont. Color & Chem. Co.), Nov. 3, 1906.
- Methaform (Stearns & Co.), Nov. 3, 1906.
- Migrainin (Koechl & Co.), Nov. 3, 1906.
- Neurocaine (Schieffelin & Co.), Nov. 3, 1906.
- Neuronidia (Schieffelin & Co.), Nov. 3, 1906.
- Novargan (Heyden Chem. Works).
- Novocaine (Koechl & Co.), Nov. 10, 1906.
- Nutrose (Koechl & Co.), Nov. 3, 1906.
- Oil of Eucalyptus, globules (E. G. Binz).
- Organic Iron Preparations.
- Orthoform-New (Koechl & Co.), Nov. 10, 1906.
- Orthoform-New Hydrochloride (Koechl & Co.), Nov. 10, 1906.
- Ovoferrin (Barnes & Hille), Nov. 10, 1906.
- Oxaphor (Koechl & Co.), Nov. 10, 1906.
- Pegnin (Koechl & Co.), Nov. 10, 1906.
- Phenacetin (Cont. Color & Chem. Co.), Nov. 10, 1906.
- Phenocoll Hydrochloride (Schering & G.), Nov. 10, 1906.
- Phenocoll Salicylate, Nov. 10, 1906.
- Piperazine (Cont. Color & Chem. Co., Schering & G.), Nov. 17, 1906.
- Pollantin (Fritzsche Bros.), Nov. 17, 1906.
- Pollantin Powder (Fritzsche Bros.), Nov. 17, 1906.
- Photargol (Cont. Color & Chem. Co.).
- Purgatin (Knoll & Co.), Nov. 17, 1906.
- Pyramidon (Koechl & Co.), Nov. 17, 1906.
- Pyramidon Neubral Camphorate (Koechl & Co.), Nov. 17, 1906.
- Pyramidon Acid Camphorate (Koechl & Co.), Nov. 17, 1906.
- Pyramidon Salicylate (Koechl & Co.), Nov. 17, 1906.
- Quartanol (Schering & G.), Nov. 24, 1906.
- Red Bone Marrow (Armour & Co.).
- Sajodin (Cont. Color & Chem. Co.).
- Sal Ethyl (P. D. & Co.), Nov. 24, 1906.
- Saliformin (Merck & Co.), Nov. 24, 1906.
- Salit (Heyden Chem. Works), Nov. 24, 1906.
- Salophen (Cont. Color & Chem. Co.), Nov. 24, 1906.
- Saloquinine (Merck & Co.), Nov. 24, 1906.
- Saloquinine Salicylate (Merck & Co.), Nov. 24, 1906.
- Santyl (Knoll & Co.).
- Sextanol (Schering & G.), Nov. 24, 1906.
- Sidonal (Koechl & Co.), Nov. 24, 1906.
- Sodium Cacodylate, Nov. 24, 1906.
- Sodium Cinnamate, Nov. 24, 1906.
- Sodium Ichthyol (Merck & Co.), Nov. 24, 1906.
- Sodium Ichthyol (Merck & Co.), Dec. 1, 1906.
- Stovaine (Walter F. Sykes), Dec. 1, 1906.
- Stypticin (Merck & Co.), Dec. 1, 1906.
- Styptol (Knoll & Co.), Dec. 1, 1906.
- Styracol (Knoll & Co.), Dec. 1, 1906.
- Sublamine (Schering & G.), Dec. 8, 1906.
- Sulphonal (Cont. Color & Chem. Co.), Dec. 8, 1906.
- Suprarenal Alkaloid, Dec. 8, 1906.
- Suprarenal Liquid (P. D. & Co.).
- Suprarenalin (Armour & Co.).
- Suprarenalin Ointment (Armour & Co.).

Suprarenalin Solution (Armour & Co.).
 Suprarenalin Triturates (Armour & Co.).
 Tannalbin (Knoll & Co.), Dec. 15, 1906.
 Tannigen (Cont. Color & Chem. Co.), Dec. 8, 1906.
 Tannoform (Merck & Co.), Dec. 15, 1906.
 Tannopin (Cont. Color & Chem. Co.), Dec. 15, 1906.
 Theobromine, Dec. 15, 1906.
 Theobromine Sodium Salicydate, Dec. 15, 1906.
 Theocin (Cont. Color & Chem. Co.), Dec. 22, 1906.
 Theophyllin, Dec. 22, 1906.
 Thermodin (Merck & Co.), Dec. 22, 1906.
 Thiocol (Hoffmann-LaRoche Chem. Works), Dec. 22, 1906.
 Thiosinamine (Schering & G.).
 Thyreoidectin (P. D. & Co.).
 Tonic Hypophosphites (Sharp & Dohme).
 Tonols (Schering & G.), Dec. 22, 1906.
 Triferrin (Knoll & Co.).
 Triferrol (Knoll & Co.).
 Trikresol (Schering & G.).
 Trional (Cont. Color & Chem. Co.).
 Trioxymethylene (Merck & Co.).
 Triphenin (Merck & Co.).
 Tritipalm (Stearns & Co.).
 Tropacocain Hydrochloride (Merck & Co.).
 Trypsogen (G. W. Carnrick Co.).
 Tumenol-Ammonium (Koechl & Co.).
 Tumenol (Koechl & Co.).
 Tumenol Sulphone (Koechl & Co.).
 Tumenol Sulphonic Acid (Koechl & Co.).
 Tussol (Koechl & Co.).
 Urethane (Merck & Co.).
 Uriform (Schieffelin & Co.).
 Uritone (P. D. & Co.).
 Uropherin (Merck & Co.).
 Urotropine (Schering & G.).
 Urotropine-New (Schering & G.).
 Validol (Bischoff & Co.).
 Validol Camphoratum (Bischoff & Co.).
 Valyl (Koechl & Co.).
 Veronal (Merck & Co.).
 Vibutero (Stearns & Co.).
 Vinum Extracti Morrhuae, Stearns (Stearns & Co.).

Vioform (Bischoff & Co.).
 Vioform Gauze (Bischoff & Co.).
 Xeroform (Heyden Chem. Works), Sept. 29, 1906, Oct. 13, 1906.

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LEZER'S RESOLUTIONS.

Resolved 1. That I won't borrow no trouble nor lend none, nor give none, nor keep none, nor expect none.

Resolved 2. That I won't find fault with folks afore their faces, nor talk about 'em even to myself behind their backs.

Resolved 3. That I won't hurry myself, nor try to make other people hurry, nor let other people hurry me.—Amen—Ex.

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MSS. OF PHYSICIANS FROM THE EARLIEST HISTORY OF MEDICINE.

The Berlin Academy of Science has been examining the rich material of ancient MSS. in its library, and has just published the first volume of a descriptive catalogue, devoted to works dealing with Hippocrates and Galen. The work has been in charge of Professor H. Diels and G. Schone. After the complete catalogue is issued it is proposed to publish all the MSS. in full. Professor Heiberg of Copenhagen is to help in this task, especially with the Egyptian papyri.

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It would appear from the *Pharmaceutical Journal* that the French Minister of Public Instruction is endeavoring to establish certain definite abbreviations in the names of weights and measures when they are not written in full. These are, for measures of capacity: kilolitre, kl.; hectolitre, hl.; decalitre, dal.; litre, l.; decilitre, dl.; centilitre, cl.; and millilitre, ml. For measures of mass and weight: tonne, h.; quintal metrique, q.; kilogramme, kg.; hectogramme, hg.; decagramme, dag.; gramme, g.; decigramme, dg.; centigramme, cg.; and milligramme, mg. Abbreviations are also authorized for measures of length, area, and bulk.

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Don't forget to see your representative or senator in reference to supporting a bill to regulate the sale of patent medicines, a State Board of Health and a board of registration for vital statistics. Follow this up with occasional letters to them to refresh their memories and keep the subject alive.

SYPHILIS.

By Dr. J. P. Sheppard.

(Read Before the Pulaski County Medical Society.)

This disease, aside from being the most interesting of venereal diseases, manifests itself in the human family in a greater variety of symptoms than any disease known to the medical profession.

There is no race, no class of individuals, no stratum of society which can claim perfect freedom from its influence. The moral status of every country today has reached such a low stage that the wide-awake physician is no longer surprised on finding symptoms of syphilitic origin in those who should be furthest removed from any possibility of such contamination, although there has been many who have claimed to have found the specific producer of syphilis, their discoveries have not stood the test required by our most eminent microscopists and therefore we do not know the cause of this dread disease. The history of syphilis dates back to the thirteenth century and probably earlier, as one of our most prominent Bible characters is said to have given quite a complete line of syphilitic symptoms, however, I do not wish to be held responsible for such a statement, should you fail to find the aforesaid Bible character.

I wish to speak more particularly of some of the confusing points, peculiarities, anomalies and fallacies of syphilis in its entirety.

In the initial lesion, although we may have only one ulcer to deal with, how many times do we find this ulcer in a ragged unshaped condition and lacking those qualities which characterize the Hunterian chancre, and if it is more or less typical in form, what man is there among us so lacking in conscience as to place such a patient immediately on anti-syphilitic treatment? Few who have not seen the induration around the chancroid develop to that extent that the man is an expert indeed who with the unaided eye can differentiate between the local and constitutional sore. When we have repeatedly had cases of this character present themselves for our consideration we should be more and more induced to pursue a conservative course by waiting for secondary manifestations to confirm our diagnosis and suspicion.

Recently a young man consulted me in

regard to a number of ulcers completely surrounding the corona glandis posteriorly, every ulcer presenting the same features. Diagnosed multiple chancroid, treated for chancroid and all yielded nicely to treatment save one. Thinking this was just a little more stubborn than the others, I resorted to more radical measures for its healing, with no effect and sometime between the sixth and eighth week from the time of his first visit, he presented himself with complete secondaries. Was placed on mercury in pill form and all symptoms subsided within three weeks. Had I placed this patient on anti-syphilitic treatment when my attention was first directed to this ulcer which behaved differently, I would never have been fully satisfied that my patient had syphilis. Yet we have men not far from this city who make routine practice of this, claiming they can give certain drugs which will clear up all doubt in a very short time.

Many times we have syphilis occurring as the result of accidental injury while in contact with a syphilitic patient being unaware of such an occurrence unless the victim is a doctor. Here we must be prepared to diagnose syphilis in the secondary stage with absolutely no history of a primary.

I recently had recited to me a case in which a physician near here was treating an inflamed tonsil. His patient afterward developed a well-marked chancre on the tonsil. I asked the physician how he thought his patient became infected. His answer was that the patient was conductor on a passenger train and he supposed he infected the inflamed tonsil by drinking from the same cup used by all the passengers, someone of whom must have had mucous patches in the mouth. Although this doctor is a good friend of mine, I believe that he infected the conductor by using an applicator which had previously been used on a syphilitic patient and not sterilized before using again.

There is, among some of our profession to say nothing of the laity, a habit of confusing technical terms, many referring to a chancroid as a soft chancre, which is of course, incorrect for there is no such thing as a chancre of any quality unless syphilitic in origin and there is absolutely no kindred between the chancre and chancroid.

Syphilis in its secondary manifestation is so similar to the other eruptive diseases that we are likely to confuse them and here is where the charlatan can prey upon the

poor, ignorant man and take his money, professing to cure him of a disease which he has never had and on the other hand, if this human culture is correct in his diagnosis and treats the patient, he discharges the patient in from six to twelve weeks with a lot of junk in the way of advice and prescriptions, telling him he is cured but will have to continue certain of his nostrums for a certain season. This same man applies to a reputable physician some five, ten or fifteen years later, the victim of tertiary syphilis manifesting itself in some form of paralysis, insanity or locomotor ataxia and so on. There should be some power through which we could rid our country of such so-called doctors.

I believe that the form of syphilis in which we are most liable to go wrong in diagnosis, is pulmonary syphilis, mistaking it for pulmonary tuberculosis. I have now a case of pulmonary syphilis in the county hospital which was supposed to be suffering from chronic malaria and pulmonary tuberculosis, but following out the lines of treatment indicated, the patient did not improve as he should have, except in so far as his malaria was concerned. But on further inquiry, a specific history was obtained and proper treatment instituted and the patient is now slowly but steadily improving.

In the syphilis of today, I believe in the majority of cases the type is milder than that described by earlier writers. Just what to attribute this to is a question not yet solved, though I believe with some authors that in syphilis as in small-pox, the universal practice of vaccination is not only producing a tolerance to that extent that the small-pox of today in the majority of cases, hardly resembles that type of the disease which swept the country as much as fifty years ago, but I firmly believe that in another century, small-pox will only be a memory due to hereditary immunity and as I have said before, syphilis has been so generally experienced in the past that at least the white race is acquiring a tolerance and let us hope that some future generation will enjoy a total immunity to syphilis transmitted to them through the blood of the old "rounders" of days gone by.

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Doctor, don't neglect to speak to your representative and senator concerning medical legislation. We need it to place our State abreast with other States.

A NEARLY SIGN OF AORTIC ANEURYSM.

Prof. William Osler (*Medical Chronicle*) states that pain is one of the earliest and most constant symptoms of aortic aneurysm. It was the first and most severe symptom in about half of the author's cases. It is possible that it may be absent, though there may be dyspnoea, cough, and cyanosis, and though the sac may perforate the wall-chest or erode the spine. The most common situation for the pain is in the region of the heart itself, radiating to the neck, the shoulder and back, and down the left arm or both arms. In some cases the abdominal pain is severe. Several distinct varieties of pain may be recognized in this disease: 1. Attacks of true angina, having paroxysms of pain of maximum intensity, with radiation to the arm. Sharp neuralgic pain, due to the pressure on the nerves, perhaps extending along the course of the nerves, and associated with herpes when the descending thoracic aorta is implicated. It is similar in character to that which is caused by the pressure of pelvic tumors and by diseases of the vertebræ, and it may be paroxysmal in character. 3. Pain, of a dull, boring character, which is present when the chest wall or the spine is eroded by the aneurysmal sac. This is the form of aneurysmal pain which is most enduring and most severe. It is due to tension and stretching of fibrous and bony structures, rather than to pressure upon nerve cords. 4. Pain referred to the nerves of the arms or the skin in the praecordial region, or to the pectoral or sternomastoid muscles.

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SPIRITS OF CAMPHOR CAUSES NECROSIS OF A CRUSHED FINGER.

Leroy reported the case of a sixteen-year-old youth who had his ring finger caught in a machine, which did not, however, break the skin. The power of voluntary motion was preserved, but movements were painful. (Le Nord medical, Lille, August 5, 1906). He applied tincture of camphor on a compress, and two days later the finger became livid and commenced to dry. He continued the camphor dressing. At the end of six weeks he applied at the hospital for treatment, with the finger absolutely black, with a marked line of demarcation. The phalanx was found to be fractured at its superior third. The gangrenous portion of the finger was removed. The gangrene was attributed to the nature of the accident and to the dressing employed.

Below we print the rules as outlined by the Council for the information of those who are not versed in the workings of this committee:

AMERICAN MEDICAL ASSOCIATION.

Council on Pharmacy and Chemistry.

CHICAGO, NOVEMBER 9, 1905.

THE COUNCIL ON PHARMACY AND CHEMISTRY OF THE AMERICAN MEDICAL ASSOCIATION respectfully submits the following report:

Since the organization in Pittsburg, Feb. 11, 1905, and the Preliminary Announcement of February 28, the Council has been steadily at work discussing, through a weekly bulletin, the many questions involved in this important undertaking.

The products of a number of different manufacturers were investigated, chemically and otherwise, and many individual articles were critically considered in order to determine whether or not the Rules, as tentatively adopted, required modification. The Council held a conference at Cleveland, Ohio, Sept. 11-12, 1905, at which suggestions made by a number of manufacturers were considered, and the Rules were then revised in some minor details. They are now submitted with the hope that they will prove acceptable to every manufacturer who has at heart the interests of medicine and pharmacy.

The Council desires to reiterate the statement made in its first Announcement, that it fully appreciates the importance and difficulties of the work which it has undertaken and that it does not expect to take any step without being sure that it is right and just to all concerned. The Council does not dare to hope for perfect results, and can only promise to strive earnestly, honestly and impartially to avoid serious errors of commission and omission. To do this it will be necessary to have the hearty co-operation and assistance of all who should be interested in the work. It is desired that the book, "New and Non-Official Remedies," shall be of real and practical service to the medical profession, and for this reason the Council asks for suggestions on the contents of the proposed book, as well as for honest criticism on the Rules that are herewith presented.

RULES GOVERNING THE ADMISSION OF ARTICLES TO THE BOOK, "NEW AND NON-OFFICIAL REMEDIES."

The following rules are adopted to guide

the Council on Pharmacy and Chemistry of the American Medical Association:

(The term "article" shall mean any drug, chemical or similar preparation used in the treatment of disease.)

RULE 1.—No article shall be admitted unless its active medicinal ingredients and the amounts of such ingredients in a given quantity of the article be furnished for publication. The general composition of the vehicle, its alcoholic percentage, if any, and the identity of other preservatives, if present, must be furnished.

RULE 2.—No chemical compound will be admitted unless sufficient information be furnished regarding tests for identity, purity and strength, the rational formula or the structural formula, if known.

RULE 3.—No article that is advertised to the public will be admitted; but this rule will not apply to disinfectants, and food preparations, except when advertised in an objectionable manner.

RULE 4.—No article will be admitted whose label, package or circular accompanying the package contains the names of diseases, in the treatment of which the article is indicated. The therapeutic indications, properties and doses may be stated. (This rule does not apply to literature distributed solely to physicians, to advertising in medical journals, or to vaccines and antitoxins.)

RULE 5.—No article will be admitted or retained concerning which the manufacturer, or his agents, make false or misleading statements as to geographical source, raw material from which made, or method of collection or preparation.

RULE 6.—No article will be admitted or retained of which the manufacturer or his agents make unwarranted, exaggerated or misleading statements as to therapeutic value.

RULE 7.—Labels on articles containing "poisonous" or "potent" substances must show the amounts of each of such ingredients in a given quantity of the product. A list of such substances will be prepared.

RULE 8.—If the trade name of an article is not sufficiently descriptive of its chemical composition or pharmaceutical character, or is, for any other reason, objectionable, the Council reserves the right to include with the trade name a descriptive title in the book. Articles bearing objectionably suggestive names will be refused consideration.

RULE 9.—If the name of an article is registered, or the label copyrighted, the date of

registration and a copy of the protected label should be furnished the Council. In case of registration in foreign countries, the name under which the article is registered should be supplied.

RULE 10.—If the article is patented—either process or product—the number and date of such patent or patents should be furnished.

EXPLANATORY COMMENTS ON THE RULES.

RULE 1.—Certainly no one can object to this rule. The physician not only has the right to know, but it is his duty to know, the composition of medicines he prescribes for his patients. He may not be interested in the details of the method or of the process of manufacture of an article, but he should know what medicinal agents it contains, and the amounts represented in a given quantity of the article.

In preparations for internal use, ingredients of the vehicle, such as alcohol or other preservatives, may be contraindicated in certain cases. In preparations for external use, the therapeutic efficiency is greatly influenced by the nature of the vehicle; the article may be penetrative or simply protective. It is important, therefore, that physicians should know the character of the vehicle, as well as the potent ingredients of an article.

RULE 2.—In order to avoid errors in the case of chemical compounds and to guard against adulterations, lack of potency or strength and the mistaking of one chemical for another, it is necessary to have at hand suitable identity tests. Where these facts have appeared in the literature, or in standard text-books, reference to them will be sufficient, but with new chemicals, especially synthetics, the manufacturer or his representatives will be required to supply such tests for publication, together with the rational formula, or structural formula if known, in order that an intelligent opinion of these products may be assured.

RULE 3.—While the correctness of the principle that physicians can not be expected to favor any medicine which is exploited to the lay public will be readily conceded, this rule is to be modified in its application to articles not strictly medicinal, as those mentioned in the rule.

RULE 4.—This rule may appear to some as radical. The Council, however, is unanimously of the opinion that this method of exploiting the medical profession is one of the

principle causes which has made many physicians hesitate to prescribe any proprietary medicines, has led others into irrational therapeutics, has made pharmaceutical tyros believe that they could prescribe as well as the physicians, and has been the means of causing scores of these medicines to be used by the laity for self-medication, to the detriment and sometimes to the serious and permanent injury of the person taking them.

There may be some exceptional articles, such as antitoxins and vaccines, disinfectants and food preparations, in which the therapeutic properties alone may not sufficiently indicate the use, and in these cases, perhaps, reference may be made to certain diseases. If such references appear, they will be carefully considered.

It should be remembered that this rule does not interfere in any way with advertising in medical journals, nor with circulars and other literature, etc., furnished to physicians; it applies only to the package and its accompanying labels, circulars, etc.

Sufficient time will be allotted manufacturers to effect such changes in the labels, etc., as may be required to make the article conform to this Rule.

RULE 5.—While this is a rare contingency, yet in the past some glaring frauds of this nature have been perpetrated on the profession, and this rule will have a tendency to prevent such attempts in the future.

RULE 6.—This rule will have the tendency to restrict manufacturers or agents in their claims as to the therapeutic superiority of their products, without interfering with any reasonable assertions, especially when such are confirmed by clinical data from responsible medical men.

RULE 7.—For the information of the pharmacist or dispenser, and to enable him to act as a safeguard to the patient and to the physicians, all medicinal articles containing such potent agents as the poisonous alkalis and other organic substances and the salts of some of the metals, should have the exact amount of these ingredients contained in the average adult dose stated on the label. A list of these potent substances may be obtained on application.

RULE 8.—In order to prevent the confusion now existing with reference to many articles known only by more or less arbitrarily selected or coined, usually protected names, it is desirable that every article which is intended solely for physicians' use or prescrip-

tion be designated by a scientific title or by a name descriptive of its pharmaceutical character, and, so far as practicable, of its principal medicinal constituents. Synthetic chemical products should have the true chemical name, in addition to the trade name. The application of this rule will enable physicians to use many of these articles which at present they are afraid to use because of uncertainty as to their nature; or which they prefer not to prescribe in order to avoid criticism and the danger of subsequent self-medication by their patients. This provision will be of great benefit to manufacturers of meritorious products, will relieve pharmacists of many trying situations in interpreting correctly the names of articles desired by physicians, and will protect both physicians and laity from the evils named.

This rule does not oblige the manufacturer to alter the trade name or even the label of his product, although the Council would prefer to see a descriptive title, at least as a subtitle, on the labels, and hopes to see such descriptive titles given general preference by physicians. Descriptive titles will be adopted only after conference with the manufacturer. Similar articles may be classed under a group name, but the individuality and name of a given product used by a manufacturer will be preserved as far as possible.

RULES 9 and 10.—This information is desirable in determining the legal status of these articles and will permit their ready recognition in current publications.

Respectfully submitted,

C. LEWIS DIEHL, Louisville.

C. S. N. HALLBERG, Chicago.

ROBERT A. HATCHER, New York.

L. F. KEBLER, Washington.

J. H. LONG, Chicago.

F. G. NOVY, Ann Arbor.

W. A. PUCKNER, Chicago.

SAMUEL P. SADTLER, Philadelphia.

J. O. SCHLOTTERBECK, Ann Arbor.

GEO. H. SIMMONS, Chicago.

TORALD SOLLMANN, Cleveland.

JULIUS STIEGLITZ, Chicago.

M. I. WILBERT, Philadelphia.

H. W. WILEY, Washington.

Members of the Council on Pharmacy and Chemistry, American Medical Association.

—x—

Doctor, don't neglect to speak to your representatives and senators concerning medical legislation.

LACTATION AND MENSTRUATION.

Karl Heil (*Monat fur Geb. u. Gyn.*) has made observations on the relation of lactation to the return of menstruation in 200 women, of whom 125 menstruated during lactation, that is 62.5 per cent. These women had 540 children while under observation, of whom 41 were not nursed. Of 478 lactations periods that were 234 with menstruation present, that is, 48.9 per cent. Combining these results with those of other authors cited, the author finds that about one-half of all women menstruate during lactation. As the number of pregnancies increases, the liability to menstruate during lactation increases also. Menstruation does not seem to be an indication to wean the child, nor is there a liability to atrophy of the mammary glands after menstruation begins. No good reason for the return or continuance of menstruation during lactation can be given. A considerable number of women menstruate during one lactation and do not in the next. In all probability the women who menstruate during lactation represent the normal type, rather than those who have amenorrhœa.

—x—

SPONTANEOUS CURE OF CANCER.

Harvey R. Gaylord and George H. A. Clowes (*Surg. Gyn. and Obst.*, June) find that spontaneous cure of cancer in experimentally inoculated mice occurs in about twenty-three per cent. of the animals. The chances of spontaneous cure are inversely proportional to the size of the tumor. The frequency of this occurrence and its distribution in animals suggests that it may be more frequent in human beings than is generally supposed. The occurrence of spontaneous recovery from cancer, indicating the existence of immense forces capable of terminating the disease, demonstrates that cancer is not necessarily incurable, and should serve as an additional stimulus to research directed toward the discovery of a serotherapeutic treatment.

—x—

Doctor, don't forget to see your representative or senator in reference to supporting a bill to regulate the sale of patent medicines, a State Board of Health and a board of registration for vital statistics. Follow this up with occasional letters to them to refresh their memories and keep the subject alive.

INSURANCE FEES AND LODGE PRACTICE.**County Societies and the Insurance Examination Fee Question.**

The following county societies, in addition to those already noted in *THE JOURNAL*, have adopted resolutions asking their members to resist the reduction in insurance examination fees. They are given by states.

Clark County (Arkansas) Medical Society.
Santa Barbara County (California) Medical Society.

Santa Cruz County (California) Medical Society.

Riverside County (California) Medical Society.

Marin County (California) Medical Society.

Pueblo County (Colorado) Medical Society.

Ware County (Georgia) Medical Society.
East Idaho District Medical Society.

Pike County (Illinois) Medical Society.

Decatur (Illinois) Medical Society.

Champaign County (Illinois) Medical Society.

Winnebago County (Illinois) Medical Society.

Vermilion County (Illinois) Medical Society.

Cumberland County (Illinois) Medical Society.

Fort Wayne (Indiana) Medical Society.

Boone County (Iowa) Medical Society.

Rice County (Kansas) Medical Society.

Stafford County (Kansas) Medical Society.

Queen Anne County (Maryland) Medical Society.

Dodge County (Minnesota) Medical Association.

Flathead County (Montana) Medical Society.

Broadhead County (Montana) Medical Society.

(We are also in receipt of a circular announcing the the physicians of Missoula, Ravalli and Sanders counties, Montana, have pledged themselves to make no examination at the reduced rate, the agreement being signed by every regular physician in the three counties.)

Jackson County (Mississippi) Medical Society.

Adams County (Mississippi) Medical Society.

The Medical Society of the County of Genesee (New York).

North Dakota Medical Association.

The Academy of Medicine of Cincinnati (Ohio).

Licking County (Ohio) Medical Society.

The Central Willamette (Oregon) Medical Association.

Aiken County (South Carolina) Medical Society.

White County (Tennessee) Medical Society.

Hood County (Texas) Medical Society.

Medical Association of Milam County (Texas).

Bostrop County (Texas) Medical Society.

Skagit County (Washington) Medical Society.

Grant County (Wisconsin) Medical Society.

The Fremont County (Colorado) Medical Society adopted resolutions which went into effect April 1. Under date of November 19 the secretary, Dr. Royal C. Adkinson, writes:

I am informed that there is one man in Canon City, Colo., who signed the resolution, that has continued to make examinations at the old rate, but he is not a member of the county society. There is also one man here in Florence who is not a member of the society, and who refused to sign the resolution, who is making examinations for any price. He has received my appointment as examiner for the Mutual Life, the New York Life and the Phoenix, and my appointment has been recalled. On the other hand, some of the lesser companies are paying me \$5 for examinations which I formerly made for \$3.

The Carroll County (Georgia) Medical Society took action May 15. Under date of November 3, Dr. J. F. Cole secretary, writes:

Our resolutions are meeting with good results. The insurance companies have worried over the matter considerably and about all of them have agreed to our fees. Those who do not will have to quit business in Carroll County. The members of the Carroll County Medical Society are as a band of brothers—shoulder to shoulder, standing together as firm as a rock—not one of them has backslidden. . . . We do not allow any man or corporation to set our fees.

The Schoolcraft County (Michigan) Medical Society took action July last. Under date

of November 23, Dr. G. M. Livingston, secretary, writes:

The medical fraternity of this county stands pat on our insurance resolutions as adopted last July. As a result of our attitude toward the old line life insurance companies, a number of us, including myself, have been requested to resign our positions as local examiners. This we have done heartily for the sake of "the cause" and to show what we can do. No "insurance doctors" have so far entered the field, and my opinion is that no work is being done by the various companies in Schoolcraft County. We hope to keep in touch with the general movement for recognition in this matter, and believe as they do down in Kentucky that "United we stand, divided we fall."

The McLeod County (Minnesota) Medical Society adopted resolutions July 12. Under date of November 2, Dr. P. E. James, secretary, writes:

In response to yours of the 31st ult. regarding progress of fight with insurance companies, I can say that to my knowledge the profession of our county stick to schedule fees as already sent you.

The Robertson County (Tennessee) Medical Society adopted resolutions June 7. Under date of November 1, Dr. B. F. Fyke, secretary, writes:

The resolutions went into effect July 1, and were fought on the field of the Modern Woodmen of the World and have gained the victory. Every physician is standing on his honor, where he was placed, and meeting the issue with a determination to overthrow the monopoly. The examiners of a few companies have been dismissed or dropped from the roll of examiners but no one has been secured to succeed them. One company long doing business in this county promptly raised the examination fee from \$3.00 to \$5.00 and is paying it without complaint. A little diplomacy on the part of the medical societies is all that is needed to carry out the resolution in country districts.

On May 1 the Dunn County (Wisconsin) Medical Society adopted resolutions requesting its members to make no examination for any old line insurance company for less than \$5.00. Under date of November 9, Dr. F. E. Butler, secretary, writes as follows:

In reply to your inquiry as to how our county members have held together regarding resolutions on insurance fees, will say that

I think in one or two instances the resolutions were not lived up to, but on the whole it has been very satisfactory indeed, and conditions are improving. All members who received blank to be filled out accepting reduced fees either returned blank unsigned or paid no attention whatever to it. No member makes a fraternal insurance examination for less than \$2.00 which resolution was passed December, 1905.

Resolutions passed by the Ninth Ohio District Medical Society appear on page 2109, this issue.—J. A. M. A.

—x—

Doctor, don't neglect to speak to your representatives and senators concerning medical legislation. We need it to place our State abreast with other States.

—x—

"GIFT OF TONGUES."

An alleged "God given new tongue," or the "spirit of God" speaking through many tongues, is claimed by a new religious sect located in Los Angeles. According to the Los Angeles Times of September 19, 1906, Dr. Henry S. Keyes of that city speaks most enthusiastically of this new religion and this recent manifestation of the "spirit of God." Dr. Keyes says that his young daughter speaks in more languages than she has ever known. This young lady, when the spirit moves her, speaks in prehistoric Chaldean and a number of other ancient Oriental languages, as well as most of the European languages, without ever having studied them. The Doctor himself speaks in a new and strange language which has been termed "Gese," a language which is not generally known and cannot be interpreted by anyone excepting one Le Nan, a supposed Egyptian who lives at Los Angeles. He also, it is claimed, has been acted upon by the spirit. According to our information, Dr. Keyes states positively that this religion is not a manifestation of hysteria, as this gift of tongues was predicted in the Bible in Joel. The doctor says he plainly sees the second coming of Christ, which he thinks will not be later than eight or ten years from now.

—x—

Doctor, have you done your duty? Have you spoken to your representative and senator and ascertained from them personally how they stand in regard to medical legislation?

PRESCRIPTIONS.

Mumps:

Guaiacolisgr. xv
 Adipis Lanæ,
 petrolati, aa..... $\frac{3}{4}$ iss
 Ft. ungt.

Apply night and morning. Cover with absorbent cotton and gutta-percha tissue with slight compression.—Ragozzi.

Eczema, Mild Forms:

For eczema of the female genitals:

Ichthyoligr. xv
 Pulv. Amyli,
 Ung. Zinci Oxidi, aa..... $\frac{3}{4}$ ij
 Lanolini $\frac{3}{4}$ vj
 M. ft. unguentum.

Apply locally to the affected parts.

In dry eczema of the scalp, neck, and external genitals the following combination is recommended, using coal-tar instead of wood-tar:

Picis Carbonis (coal tar)..... $\frac{3}{4}$ iss
 Alcoholis (95 per cent.)..... $\frac{3}{4}$ j
 Spts. Etheris Sulphurici..... $\frac{3}{4}$ ss
 Apply locally with a brush.

For professional eczema of the hands:

Zinci Oxidi..... $\frac{3}{4}$ ij
 Pulv. Cretæ,
 Lotio Plumbi,
 Olei Lini, aa..... $\frac{3}{4}$ ss
 M. ft. mistura.

Apply locally to the affected parts.

Or,
 Zinci Oxidi,
 Sulphuris Sublim.,
 Cretal Prep.,
 Olei Lini, aa..... $\frac{3}{4}$ ss
 Aquæ Calcis..... $\frac{3}{4}$ i
 Apply locally.

The foregoing combinations are of value in the milder forms of eczema. Previous to going to bed the patient should be instructed to cleanse his hands carefully and nails with soft soap if the eczema be dry, or with weak soapsuds if the eczema is moist, followed by thoroughly drying the hands and applying the ointment, and at the same time rubbing the hands until the ointment is completely absorbed. The hands should then be covered with gutta-percha tissue, thin strips being wrapped around each finger. The whole hand should then be covered with wool-like mittens. The following morning the dressing should be removed, the hands cleansed, and a small amount of the ointment again rubbed in for the day. After recovery

is almost complete there will remain a few patches, which should be touched up with chrysarobin stick made up as follows:

Chrysarobini $\frac{3}{4}$ ii
 Lanolini $\frac{3}{4}$ ss
 Cerae Albæ $\frac{3}{4}$ vi

Melt and pour into glass tubes and allow to cool. Touch the affected areas two or three times a day.

The hands of those patients who are required to handle lime, plaster and cement must be protected during their work. This may be done by instructing the patient to rub his hands, before beginning his work, with tar diluted with castor oil and alcohol, as this combination is not only palliative and curative, but neutralizes the action of the lime.—Von Schlen in the Amer. Year Book of Med. and Surgery.—Jour. A. M. A.

Diabetes Mellitus:

Liq. Potassii Arsenitis..... $\frac{3}{4}$ jss
 Tinct. Opii Deodorati $\frac{3}{4}$ v
 Syrupi Zingiberis $\frac{3}{4}$ j
 Aquæ Cinnamomi, ad..... $\frac{3}{4}$ iv
 Teaspoonful thrice daily.—Potter's Materia Medica.

Codeinae:

Alcoholis, q. s. ad. solv.
 Syrupi $\frac{3}{4}$ ij
 Aquæ, q. s. ad..... $\frac{3}{4}$ iv
 Teaspoonful twice daily, the dose to be gradually increased up to a tablespoonful.—Pavy (Potter's Mat. Med.).

Lithii Carbonatisgr. xl
 Sodii Arsenatisgr. j
 Ext. Gentianægr. xx
 Teaspoonful twice daily, the dose to be gradually increased
 Ft. pil. No. xxv.

One night and morning until sugar disappears.—Vigier (Potter's Mat. Med.).

Sodii Arsenatisgr. iij
 AquæOj

A tablespoonful of this with lithii carbonat. gr. iij, in a quart siphon filled with carbonated water, which is to be taken freely, as daily beverage.—Martineau (Potter's Mat. Med.).

Acute Bronchial Catarrh:

Yeo recommends the following:

Vini Antimonialis..... $\frac{3}{4}$ ij
 Spir. Etheris Nitrosi $\frac{3}{4}$ iv
 Liq. Ammon. Acetatis..... $\frac{3}{4}$ ij
 Tinct. Camph. Compos..... $\frac{3}{4}$ ij
 Aquæ, q. s. ad..... $\frac{3}{4}$ vij
 M. et ft. mistura.

Two tablespoonfuls every three or four hours.

The following, containing spirits of chloroform, is sometimes employed by him to allay the cough:

Ammon. Carb.gr. xxxij
Tinct. Scillæmlxxx
Spir. Chloroformi.....ʒiij
Infusi Senegæ, q. s. ad.....ʒviij

Two tablespoonfuls every four or five hours. Med. Herald.

Earache:

Acidi Carbol. Liq.gr. v
Cocaine Hydrochlor.
Menthol., aagr. xv
Alcoholism lxxv
To be dropped into the ear.—Hecht.

Bromidrosis:

In the treatment of bromidrosis of the feet associated with fetor, salicylic acid is of service, dusted over the parts, or the following powder may be used:

Acidi Salicylici,
Pulv. Amyli, aa.....ʒss
Apply locally to the feet.

The administration of thyroid extracts or iodides and the application of iodine ointments are only of value in recent cases of soft or parenchymatous goiters, especially in young persons.—Internat. Jour. Surgery.

La Grippe:

Pulv. Terpingr. iv
Sodii Benzoatis,
Benzonaphtol, aa.....gr. iii
Sparteinae Sulph.gr. ss
Quininæ Hydrochlorgr. iiss
M. Ft. Cachet No. i.

One such cachet to be taken four times daily; or:

Pulv. Terpingr. iv
Sodii Benzoatisgr. iii
Potassii Iodidigr. iss
Benzonaphtolgr. iii
Quin. Hydrochlorgr. iiss
Pulv. Nucis Vom.gr. 1-4
Sparteinae Sulph.gr. ss
Ergotingtt. v
M. Ft. Cachet No. i.

One such four times daily.

The following is recommended to control the cough:

Potass. Bromidigr. iii
Codeinægr. 1-6
Antipyrinigr. ivss

Morph. Hydrochlorgr. 1-8
M. Ft. capsula No. i.

One such to be taken two or three times a day.—La Med. Moderne.

Sodii Bromidi.....ʒvj
Liq. Potassii Arsenitis.....ʒij
Tinct. Digitalis.....ʒiv
Infus: Genitiane Comp., ad.....ʒvi
Dessertspoonful (ʒij) in water every three hours.—Eshner.

Hance says: The fundamental needs of the patient are threefold: Fresh air, good food, rest. The first two are needed first, last, and all the time; the third, in the beginning all the time, and then coupled with exercise under the direction and orders of the physician.

Pulv. Stramonii,
Pulv. Belladonnæ Fol., aa.ʒvi
Pulv. Potassii Nitrat.....ʒss
Pulv. Opiigr. xv
To be used in the form of a fumigation.
—W. A. Wells.

Internally the iodides are of great service in chronic asthma, given as follows, according to Fothergill's formula:

Ammon. Iodidiʒiss
Ammon. Bromidiʒii
Svr. Tolutani.....ʒii
Tinct. Lobeliæ.....ʒiii

One teaspoonful in water three or four times a day. *Mercks Archives.*

Neuralgia:

Ext. Hyoscyami,
Ext. Cannabis Ind.,
Pulv. Aconiti Rad.,
Pulv. Belladonnæ Rad., aa.....gr. 1-3
M. pilula No. i.

One to three such pills daily.—Progres Med.

Laborde recommends this combination:
Aconitinæ Nitratis Cryst.....gr. 1-7
Quininæ Hydrobromatisgr. 75
Syrupiq. s. utt. ft. massa.
M. ft. massa et in pil. No. I div.

One pill every four hours until 5 or 6 are taken. The following day take at longer intervals if there be any disturbance of digestion or formication in the extremities.

Liebreich is authority for the following formula:

Butyl. Chloralgr. 60 to 75
Alcohol. Rect.....ʒiiss
Glyceriniʒv
Aquæ Destillatæ.....ʒiv

Two to four teaspoonfuls at once.

Acute Gastrointestinal Catarrh:

Creosotimxij
 Tinct. Opii Camphoratae.....3ix
 Bismuthi Subnitratiss.....3iij
 Pepsinae Scales3j
 Syr. Aurantii Corticismxxx
 Aq. Menth. Piperitæ, q. s. ad.....3iij

One teaspoonful every two hours for a child of two years. Vary with the age and severity of the case.—Med. Record.

—x—

FROM MISSISSIPPI COUNTY.

Dr. C. C. Stephenson,

Dear Doctor:—After a long spell of phlebitis involving the veins of both legs (nearly four months), I am able to again resume my duties as secretary of the Mississippi County Medical Society, and to add to your burdens by besieging you with letters asking information, etc. The Mississippi County Medical Society has not been as prompt in the meetings this year as last, but the interest has not died out completely, and we are sending out notices of the next meeting, which will be held at Wilson on January 15, 1907. We are going to make the hardest effort we have ever made, from now until the meeting of the State Society, and endeavor to have enrolled on our membership lists the names of every physician in the county, or the largest number we have ever sent up to the State Society. But I commenced to write you about another matter, to wit: At the last meeting a communication was read from the Bureau of Commerce and Labor-Census Department, setting forth the advantages and absolute necessity of the passage, at the next General Assembly, of a law requiring the keeping of a record of vital statistics, etc. They enclosed a pamphlet containing the Pennsylvania law, and said that the matter had been taken up with the Sanitary authorities of the State, and asking our co-operation. The matter was received with a great deal of interest, and after many talks and arguments, a resolution was passed instructing the Secretary to take up the matter, and do whatever he found necessary to do (as he had more time than any other member) in the premises. Now, I have for the last twenty years tried to impress on every representative of this county, and every doctor with whom I came in contact, of the necessity of such a statute, and for this

reason was willing to undertake the work. I suppose that other county secretaries have received like communications, and that some definite action will be taken by the Committee on Legislation of the State Society at this meeting of the General Assembly, and write, asking what, if anything we can do in the matter. I have discussed the matter with our representative and senator and have been assured that they would support any measure that our county society would recommend. If any steps have been taken, or when they are taken, will you please write me, that I may be able to act intelligently, and render all the assistance in my power. I recognize the fact that whatever is done should be done through the State Society's Committee on Legislation, as *they* can be *on the ground* so to speak, and that those of us in the other parts of the State can only help, and I am desirous of being all the help I can. So write me what the outlook is, and I promise to not be so voluminous in my next communication. With best wishes for a happy Christmas and New Year, and many more of them, I am

Fraternally, etc.,
 THOS. G. BREWER,
 Secretary.

The society will be glad to learn of Dr. Brewer's recovery. He is an efficient secretary and always does his duty well. Mississippi County will come in with a splendid report. We wrote in reference to his inquiries. Our best wishes go out for you, doctor, that you may have a splendid year.

—x—

CHIMPANZEES MAY CONTRACT YELLOW FEVER.

The expedition of the School of Tropical Medicine, which has been in Brazil for nearly two years making researches regarding yellow fever, telegraphs that it has been successfully proved that chimpanzees can be infected with yellow fever by means of the mosquito. The discovery is considered to be of the highest importance.

—x—

Doctor, have you done your duty? Have you spoken to your representative and senator and ascertained from them personally how they stand in regard to medical legislation?

POPE COUNTY MEDICAL SOCIETY.

Dr. C. C. Stephenson,

Dear Doctor:—The Pope County Medical Society met in Atkins on Thursday, December 20, 1906, according to previous arrangements. There were a goodly number in attendance and the enthusiastic demonstrations were very marked. I am proud to see the profession wake up to their duty, and I believe that our county society will meet with wonderful success this coming year, as I can't see why, that anyone desiring to become more proficient in the practice of medicine should object to lending a helping hand. The use of diphtheritic antitoxine was discussed at some length, and met with some opposition. The treatment of pneumonia was very interestingly discussed, as information on that subject is at present in demand. Dr. R. W. Darr, of Atkins, presented a case of mitral insufficiency to the society, which was very interesting, and a paper by the secretary on acute intestinal intoxication, was partially read owing to its length and shortness of the session. Adjourned to meet in Russellville March 3, Thursday.

Respectfully,

LEWIS GADDY,
Secretary.

Dr. Gaddy is a "live wire." It is not difficult to tell when there is a live man acting as secretary. Medical matters generally move in such counties. Keep the good work up doctor.

FROM PHILLIPS COUNTY.

Dr. C. C. Stephenson,

Dear Doctor:—The officers of Phillips County Medical Society elected at last meeting for the ensuing year, are as follows:

President, Dr. G. E. Penn, Marvell; Vice-President, Dr. J. B. Ellis, Helena; Secretary-Treasurer, Dr. W. C. King, Helena; Members of the Board of Censors, Dr. A. A. Horner, Helena; Delegate to Ark. Med. Society, Dr. A. A. Horner, Helena; Alternate Delegate, Dr. L. Hall, Turner.

Yours fraternally,

W. C. KING.

Phillips County has done well. No better selection could have been made. Go to work gentlemen, and let's have the best report this year ever sent in from old Phillips.

FROM CLEVELAND COUNTY.

Dr. C. C. Stephenson,

Dear Doctor:—At a regular meeting of Cleveland County Medical Society, November 16th, 1906, the following officers were elected for ensuing term: Dr. Chas. Leali, Kingsland, Ark., President, Dr. J. W. Thorn, Clio, Ark., Vice-President; Dr. J. F. Crump, Rison, Ark., Secretary-Treasurer. Please change directory in "Journal" accordingly.

As I am new in the position, please advise when and how much to remit for dues, for next year. This information may be in printed form, but nothing of the kind was turned over by retiring secretary. With best wishes.

Yours fraternally,

J. F. CRUMP.
Secretary-Treasurer.

Drs. Leali and Crump will have to work hard, as Cleveland County has lost some of its most efficient workers, but both are good officers, and will not let medical interest suffer. The dues, doctor, are \$2.00 for each member for the State Society. Report blanks will be sent to all secretaries in February.

—X—

Doctor, have you done your duty? Have you spoken to your representative and senator and ascertained from them personally how they stand in regard to medical legislation?

—X—

FROM BOONE COUNTY.

Dr. C. C. Stephenson,

Dear Doctor:—Boone County Medical Society has been interviewing her legislators regarding the placing of formulae on the bottles, etc., and believes they are all right, but one never knows till after the vote is taken. We will know for sure later.

Fraternally yours,

F. B. KIRBY.

Another good County Society. Boone always does its duty.

—X—

Doctor, don't forget to see your representative and senator in reference to supporting a bill to regulate the sale of patent medicines, a State Board of Health and a board of registration for vital statistics. Follow this up with occasional letters to them to refresh their memories and keep the subject alive.

FROM DR. SIMMONS.

Dr. C. C. Stephenson,

Dear Doctor Stephenson:—I thought you might be interested in the enclosed copy of correspondence. The letter to Dr. Stevens, Secretary of the Medical Society of the State of Pennsylvania and editor of the Pennsylvania Medical Journal, is in reply to a request for my opinion regarding the advisability of accepting the advertisement.

While the letter refers specifically to the State Journal, it calls attention to a condition regarding other state journals.

With the compliments of the season, I am,

Very truly yours,

GEORGE H. SIMMONS.

Dr. C. L. Stevens, Athens, Pa.,

Dear Doctor Stevens:—Please pardon the delay in replying to your letter of the 6th inst. I tried to reach it Saturday, but failed. In this you ask regarding the advisability of accepting the advertisement for the Pennsylvania Medical Journal. I am happy to say that I do not now have to decide such questions, when they relate to proprietary medicines, for our Journal. I might say that one of the most serious problems connected with the editing of the Journal in the past was that relating to what should be admitted to the advertising pages. For years the rule adopted by the Board of Trustees was that no proprietary medicine should be accepted, unless a formula was furnished and published sufficiently often to let the readers know of what the preparation consisted.

This principle is all right, theoretically, but practically, it is a delusion and a snare, and has proved to be such. A formula was always forthcoming, and the less reputable the firm and the more fraudulent the preparation, the more readily was the formula furnished. We have already shown that many of those carried in the Journal were decidedly on the fake order, and we have others yet to show up to emphasize this. I have long realized that the publication of a formula does not make a preparation ethical. There are a great many other things related to the subject that are just as essential as the formula, not the least of which is the indirect method of advertising to the public. (See Rule 4 which prevents this.)

You may not know all the trouble of the past, but the journal you are editing is one

that attacked the journal of the American Medical Association years ago, and justly, too. The journal has always been subject to criticism, as regards its advertising pages, and always would be so long as the decision as to what should be admitted rested with those who are not thoroughly versed in chemistry and pharmacy. Neither one of us is capable of passing on these proprietary preparations, as least I am not and never have been. It has been a case of the blind leading the blind.

You know how it has been urged time and again that some committee should be provided to pass on all those preparations, and you know, too, that as a result the Council on Pharmacy and Chemistry was created. That Council has done a tremendous lot of work, the most important of which, and on which they spent a great deal of time, was outlining the principles on which to decide whether, or not, a preparation was worthy of recognition. The result of this was the adoption of the ten rules, and any preparation that comes up to these ten rules, is recognized by the Council.

In its work the Council has adopted a liberal policy as you will recognize if you will notice the preparations that have been approved and published in the Journal.

Now, my dear Dr. Stevens, you are editing a journal which has for years been fighting nostrums, and until recently would not take any medicinal preparation whatever, simply because there was no way of telling which were good and which were bad. I do hope that the Pennsylvania Medical Journal will help us in this fight by taking the same stand that the Journal of the American Medical Association and some other journals have taken, and say to advertisers that you will not accept the advertisement of any proprietary medicine that has not been approved by the Council on Pharmacy and Chemistry of the A. M. A.

Sufficient progress has been made so that we feel that the time has come for us to ask at least the state journals to back up the movement. Nearly four hundred preparations have been approved, and the Council will pass on any other preparation that has been offered for advertising to those journals which want to co-operate with us. If the state journals will take up the fight, it will not be long before a radical change will take place in the preparations offered to

physicians and in the literature furnished for their edification.

You may be interested in knowing how this work is conducted: I am enclosing a circular letter which is sent to the manufacturer, containing definite instructions as to what information is required. If the information supplied is not satisfactory, the Secretary of the Council, Prof. Puckner writes to the manufacturer telling him in what respect the information is deficient. As soon as the information is complete, the article, with the literature, etc., is submitted to a sub-committee. This sub-committee makes a report, which report is published in the weekly bulletin—a mimeographed journal sent to each member of the Council every Thursday. A voting sheet accompanies the bulletin, and each member fills out and returns this voting sheet. Sometimes quite a discussion takes place.

By the way, would it not be a good plan for you to copy a list of the preparations already approved? Strange to say, only one journal has copied this report, and all the state journals ought to do so. We are getting up a list in abstract form to send to the Kentucky State Journal, on their request, and we shall be glad to send it to you if you want it. We will also supply supplementary lists as additions are made.

Just a word in regard to the advertisement. You probably know that this preparation is put out by the same firm exploiting.—They alternate with one preparation in the summer and the other in the winter, as I understand it. They are not regular manufacturing pharmacists. You probably do not know that the principal stockholders in this corporation are ———, who used to be a druggist but who has now retired. ———, who for years was the active man with the ———, in pushing ——— and who is probably still a stockholder in that concern, ———, and ———, of ———. Of course, this does not make the preparation any less ethical, but it is well to appreciate the ins and outs of this business.

One more thought, and this comes in connection with what I have just said: We have known for some time that the nostrum people have decided to patronize the state journals and pay whatever was asked for advertising, thus influencing these journals to resist what they call the dictation of the Journal of the American Medical Association

and the Council. They have made, or will make it so profitable that it will take considerable courage on the part of some of the journals to resist. The proposition, too, is to make the contracts cover two, three or more years, and in such a way that there will be no backing out.

Now, answering your question relative to the advisability of accepting the advertisement of ———: I wish you had asked whether ——— had been passed on by the Council. I should then have had to tell you that it had not been submitted and until submitted and approved it would not be admissible to the advertising pages of the Journal, and I hope that you will decide that it shall not be admitted to the Pennsylvania Medical Journal.

Finally, let me urge that the time has come for action. If the state journals will force ——— into line with ———, they will be forcing ———, ———, ———, and several other preparations into line, or out of recognition by the medical profession of the country. In this preparation you are meeting the kernel of the whole proposition, for its affects ———, ———, ——— who controls the ——— in this country, the ———, and some dozen other companies of this sort, who are all directly or indirectly connected and working as a clique in ——— opposing this movement, and who are making millions out of the profession.

With the compliments of the season, I am,
Cordially yours,

GEORGE H. SIMMONS.

Dr. Geo. H. Simmons,
103 Dearborn Ave.,
Chicago, Ill.,

Dear Doctor:—I have just gone through the advertising pages of the last issue of the ——— State Journal and to say that I was astonished is to express it but mildly. There is hardly a product which the J. A. M. A. exposed and condemned which is not represented in the advertising pages of the ——— State Journal. We have there the ——— Chemical Company, we have ——— Antiseptic Powder, ——— Emulsion, ——— Vin, Tonic, ——— Pep Fig Syrup, etc. Now where are we at? We thought that the State Journals were going to work in harmony with the J. A. M. A., but if the journal of the ——— state of the union and other state journals accept without any discrimination all kinds of ads just as if the agitation of the past

four years had not taken place, then where is the progress? And what right have you, I or anybody else to demand of private journals to throw out the greater part of their advertising patronage when state journals, which need not make a living for their editors and publishers, which are supported by the members of the society and which have the prestige of such society, engage in unseemly scrambles for advertising and are much less discriminating in their selection of ads than private journals which make no profession of saintliness and ethicality? It would certainly be absurd to ask of a journal that is not even published by physicians, to be more ethical than the official journal, published by the representative physicians themselves.

I wish you would throw some light on the subject for I am beginning to feel there is a good deal of hypocrisy among our state journals.

Very sincerely yours,

(Signed) ———.

—x—

AMERICAN MEDICAL ASSOCIATION.

Council on Pharmacy and Chemistry.

103 Dearborn Ave.,
Chicago, Ill.

Gentlemen:—Any article which it is desired to have considered for inclusion in the proposed book on NEW AND NON-OFFICIAL REMEDIES (now appearing in preliminary form in THE JOURNAL of the American Medical Association) should be submitted to the Council on Pharmacy and Chemistry, 103 Dearborn Ave., Chicago, accompanied by:

Three trade packages.

Fifteen sets of the descriptive literature supplied to physicians, if such is published.

A description of the article in general accord with the following outline:

1. NAME: The tradename of the article.
2. SYNONYMS: Synonyms and title to be used in prescribing. (See Rule 8.)
3. DEFINITION: (a) If the article is a definite chemical substance its scientific name and its chemical formula, preferably structural or rational. (See Rule 2.)

(b) If the article is a mixture a statement of the amounts of its active medicinal ingredients in a given quantity, preferably in the metric system. Also the general composition of the vehicle, its alcoholic percentage,

if any, and the identity of other preservatives if present. (See Rule 1.)

4. PREPARATION: A general statement of the process of manufacture. The Council does not wish to know the details of manufacturing methods, but only a general outline as an aid in verifying the nature and composition of an article. For ordinary pharmaceutical mixtures the process of preparation is not required. When it is difficult to prove the identity or composition of an article by chemical tests, an outline of the manufacturing process may be essential.

5. PROPERTIES: Appearance, odor, taste, etc. If a definite chemical, also the melting point, boiling point, solubility, etc., etc. Important incompatibilities.

6. TESTS: (a) If a chemical substance, tests of identity, purity and strength should be furnished. (See Rule 1.)

(b) If a mixture, a method for the identification, and if possible estimation, of the chief constituents should be available.

7. PHARMACOLOGIC ACTION:

8. THERAPEUTIC INDICATIONS:

9. DOSE: Preferably, the dose should be given in the metric system.

10. MANUFACTURER: If the article is manufactured abroad, the manufacturer, and also the American agent or representative, should be stated.

11. PATENTS AND TRADEMARKS: Number of U. S. patent and number of patent in country of origin. (See Rule 10.) Number and date of trademark in U. S. and in other countries. (See Rule 9.)

The "description" is requested to facilitate the work of the Council in determining whether or not an article complies with the rules governing the admission of articles to the book, "New and Non-Official Remedies." To a considerable extent it is used also to prepare the description for the book. It is therefore requested that the statements be made exact, clear and concise.

Very truly yours,

W. A. PUCKNER, *Secretary*.

—x—

THE Semmelweis memorial, which has been erected in the Elizabeth square of Budapest, was unveiled on September 30. The ceremony was begun at 10:30 a. m., with a meeting in the hall of the University of Sciences. The memorial itself was unveiled at mid-day.

QUININE SUBSTITUTE IN MALARIA.

Dr. C. C. Stephenson,

Dear Doctor:—I have just received the December number of the Journal of the Arkansas Medical Society, and on page 305 I find "Quinine Substitute in Malaria" which is a reprint of a prescription that I wrote for the Wisconsin Medical Recorder. The printer made extremely bad mistakes in printing. It should be \mathcal{R} . Fld. ext. gentiana; Fld. ext. hydrastis each four drachms; Fld. ext. cascara 2 drachms; Fld. ext. myrica cerifera; Tinct. myrrh comp. each 1 drachm; salicin 20 grains M. Sig. To keep a chill off give 10 or 12 drops every hour until six or eight doses are taken, beginning so the last dose will come one or two hours before the chill is due, at other times give 10 or 12 drops every three or four hours. If desired, enough simple syrup can be added to this prescription to make eight ounces and then given in teaspoonful doses same way. This compound is certainly a reliable anti-periodic and can be used in all cases as substitute for quinine when quinine is not well tolerated on account of producing unpleasant head symptoms, rash, etc. It is a complete substitute for the anti-periodic effect of quinine in any condition. When this compound is used as an anti-periodic in malaria like quinine, it should be preceded by some cholagogue purgative, such as podophyll in calomel, blue mass or leftaudrin. The formula of tinct. of myrrh compound is \mathcal{R} . alcohol, one gallon, powdered myrrh, one pound, powdered capsicum, one ounce. I mention this as many readers may not know it. When using this compound in chronic malaria after the simple syrup has been added as above mentioned, two or three drachms of potassium iodide should be added and used same way.

J. A. BURNETT.

Dean Spring, Arkansas.

We take pleasure in publishing this correction of Dr. Burnett's prescription and regret exceedingly the mistake, and trust this will place the matter properly.

Doctor, have you done your duty? Have you spoken to your representative and senator and ascertained from them personally how they stand in regard to medical legislation?

Editor "Journal of the Arkansas State Medical Society," Little Rock, Ark.

Dear Doctor:—Kindly publish the item given below in an early issue of your valued journal. Your courtesy will be much appreciated by the American Physio-therapeutic Association.

Yours very cordially,

OTTO JUETTNER.

Physicians who are interested in the study and legitimate practice of the physical (drugless) therapeutic methods, notably electro-therapy, photo-therapy, mechano-therapy, hydro-therapy, suggestion and dietetics, are invited to join the American Physio-therapeutic Association. Address the Secretary: Dr. Otto Juettner, No. 8 W. Ninth St., Cincinnati, Ohio. The officers for the ensuing year are: President, Dr. H. H. Roberts, Lexington, Ky.; Secretary, Dr. Otto Juettner, Cincinnati, Ohio; Treasurer, Dr. Geo. H. Grant, Richmond, Ind.; Executive Council, Drs. W. F. Klein, Lebanon, Pa.; Jas. Hanks, Brashear, Mo.; J. W. Unger, West Point, Miss.; Chas. S. Northern, Talladega, Ala.; R. W. Gibbes, Columbia, S. C.; S. J. Crumbine, Topeka, Kans.; A. L. Blesh, Guthrie, Okla.

—x—

FATAL INTRAPERITONEAL HEMORRHAGE IN UTERINE MYOMATA.

Stein (*Monatsschr. f. Geburtsh. u. Gynak.*, Berlin (Bd. XXII. Heft 5) reports the following case:—P., æt. 39, was admitted to hospital in a collapsed state, with the history of abdominal pain. Her condition pointing to internal bleeding, she was at first treated by saline infusions and camphor injections. Although greatly collapsed, it was decided to open the abdomen, as a provisional diagnosis of ectopic gestation was made. There was found, however, much free blood in the abdomen, and two myomata, on one of which the veins were very much distended. The uterus was removed by supravaginal hysterectomy. The patient died forty hours after operation and at the postmortem a lacerated vein was discovered to be the cause of the hemorrhage. Only two similar cases have been reported.

—x—

Doctor, have you done your duty? Have you spoken to your representative and senator and ascertained from them personally how they stand in regard to medical legislation?

GENERAL RULES FOR THE TREATMENT OF INFANTS.

Dr. James R. Callaway, of Paul's Valley, I. T. (Oklahoma Medical News-Journal, Aug., 1906) concludes a common sense paper with the following common sense recommendations:

These little ones should always be treated individually, and not as so many "cases." They should be carefully studied, and any peculiarities of the individual taken into account, for "idiosyncrasy" is quite as important in infancy as in mature life.

In view of the foregoing, it seems hardly necessary for me to say that intercurrent or complicating diseases will alter the symptomatology as well as the treatment.

In any event, make the treatment fit the patient. The prince in the familiar story did not expect the crystal slipper of Cinderella to fit all the female feet in the empire, and it didn't. It makes an old practitioner have that "tired feeling" to be asked "Doctor, what do you do for cholera infantum?" or "How do you treat ileocolitis?"

In conclusion, let me warn you against too much drugging in the summer diseases of children.

Don't give opiates, which mask the symptoms and too often deceive the parents and yourself.

Don't give astringents, such as kino, until you are sure that the intestinal tract is empty—and they will not be needed.

Don't use syrups as vehicles for your medicines. They will add fuel to the flame you are trying to quench.

Don't give antipyretics. Better remove the cause of the fever.

Don't neglect the smallest details. Take nothing for granted.

Don't imagine you have done your duty when you have told the mother to boil the water and pasteurize the milk. She will probably boil both.

Don't give any more medicine than necessary, and be sure that the indication for what you do give is perfectly clear.

—x—

THE birth rate of Paris continues to shrink, according to the latest report of the health authorities. There have been fewer births this year than last in every arrondissement except two, including one where the population is growing at the rate of 3,000 annually. One shows 400 fewer births than two years ago.

A SIMPLE EMERGENCY DRESSING FOR WOUNDS ON THE FIELD OF BATTLE.

In the Russo-Japanese war a very simple method of dressing wounds was used, by the Russian army, according to Walter von Ettingen (Archives medicales belges, No. 5; La Tribune medicale, September 1, 1906). Before each battle small compresses of gauze (10 cm. by 10 cm.) were enveloped in parchment paper, sterilized in large numbers, and given to the troops. When a soldier was wounded and brought to the lazaret, an attendant without waiting to wash the wound or shave the skin, applied a piece of gauze over an area as large as the palm of the hand and poured on the following solution of mastic, so that the gauze immediately adhered, which was then covered with a roller bandage:

R. Mastichis20.0 grammes;
Chloroformi 50.0 grammes;
Ol. lini.20 drops.
M.

This can also be made extemporaneously by taking one spoonful of mastic, three spoonfuls of chloroform, and twenty drops of linseed oil. In many cases splints were also applied, so that the man could be conveyed to the hospital. This simple treatment gave the best results. Besides its efficacy and simplicity, it has other advantages; it can be applied by orderlies or others without danger of contaminating the wound; the application of the mastic solution by a piece of cotton or a brush avoids the contact of the fingers, and the compresses of wadding or gauze are rolled in such a way that they need only be touched on one side. This solution can also be employed to make strips of muslin or cloth adhere to the skin in applying extension to fracture of the leg, the clavicle, the radius, or the ribs. The author believes that this solution may have its uses in peace as well as in war.

—x—

Here is a sign from an Oklahoma City M. D.'s office: "There is a little matter that some of my patients have seemingly forgotten. It is unnecessary to say that I allude to the fee for my service. Money is needed in my business and must be had."

—x—

Doctor, have you done your duty? Have you spoken to your representative and senator and ascertained from them personally how they stand in regard to medical legislation?

THYMOL IODIDE FOR HAY FEVER.

M. E. Fink (*Therapie der Gegenwart*, April, 1906) believes that the mucous membrane of the antrum of Highmore is the point of departure of reflex irritation which produces the symptoms of hay fever. In order to overcome this hyperæsthesia, he insufflates thymol iodide through the orifice of the maxillary sinus situated in the middle meatus of the nasal chambers. He uses a powder insufflator with a curved cannula for depositing the powder. In some cases the first treatment causes all the symptoms of vasomotor coryza to disappear, but in the great number of cases this result is only attained after a series of daily insufflations. With this treatment the reporter has had much success, especially in cases which had been treated unsuccessfully by a variety of other methods. The relief is permanent and the subjects can walk in the woods in hay fever season without experiencing the slightest trace of irritation of the mucosa of the nose or eyes.

—X—

According to the *Army and Navy Journal* of September 22, the Secretary of the Navy has approved a recommendation of the Bureau of Medicine and Surgery of the navy department that, trays filled with formaldehyde solution to hold drinking cups on board vessels of the navy be supplied all ships in commission. The letter of Surgeon-General Rixey on this subject follows: "The bureau believes that the scuttle-butt cup is a common means of transmitting communicable diseases, and recommends that on all ships of the navy this cup be kept submerged when not in use in a solution of formaldehyde (1:2500). The solution is practically tasteless, and will kill all disease germs harmful to man. For the preservation of the health of the men it is considered most desirable that the request of the commanding officer of the *Tennessee*, to have trays placed on the scuttle-butts to hold an antiseptic solution and drinking cups, be complied with."

—X—

THE regulations of the Victoria (Australia) board of health with regard to the labeling of secret remedies containing poisons will, says an exchange, go into effect January 1, 1907, instead of October, 1906, in order to give British and American manufacturers time to comply with the new requirements.

MEDICAL BILL OF FARE.

A City's Medical Bill of Fare is thus listed by a newspaper of Chicago:

A death every fifteen minutes.

A birth every eight minutes and twenty-seven seconds.

A murder every seventy hours.

A suicide every eighteen hours.

A serious accident necessitating nurse's or physician's care, every four minutes.

A fatal accident every five hours.

A case of assault and battery every twenty-six minutes.

A burglary every three hours.

A hold-up every six hours.

A disturbance of the peace, to attract attention, every six seconds.

A larceny every twenty minutes.

An arrest every seven minutes and thirty seconds.

A fire every hour.

An arrest for drunkenness every fifteen minutes.

A marriage every twenty minutes.

A case for the coroner every three hours.

This is a way of putting the vital statistics of a city, which, if accurate, may provoke more thought than is suggested by a passing smile.

—X—

HEALTHY NERVES.

A young man strode into a doctor's office and explained his symptoms after the manner of a millionaire.

The doctor wrote two prescriptions, placed them in an envelope and handed them to him, with instructions to have them filled at once. As he turned to go out the young man asked how much the medicine would cost.

"Oh, about two dollars," replied the doctor.

To his astonishment the young man asked for a loan of that amount.

"Just let me have the envelope for a moment," said the doctor. Whereupon he took out one of the prescriptions and tore it into bits.

"Why, what did you do that for?" inquired the young man.

"That one was for your nerves," the doctor answered, "and I see you need nothing for them."—September Lippincott's.

—X—

Doctor, have you done your duty? Have you spoken to your representative and senator and ascertained from them personally how they stand in regard to medical legislation?

COST OF MEDICAL EDUCATION IN ENGLAND.

The student, on entering one of the London medical schools, pays 20 pounds entrance fee, in addition to an annual charge of 30 pounds; that is to say, 170 pounds, (\$850) for the five years course. The extras for special courses amounts to 15 pounds, and books, instruments, etc., say 30 pounds more. When examination fees, say 40 guineas, are added, and the official registration fee of 5 pounds, we get roughly, 280 pounds (\$1400). Clothing, board, and other necessary expenses bring the total for the five years to about 900 pounds (\$4,500).—*Medical Record*, October 27, 1906.

—X—

The Executive Committee having charge of the collection of the sum of \$25,000, the income of which is to be paid to the widow of the late Major Walter Reed, U. S. A., and the principal to be reserved for a permanent memorial in the city of Washington in commemoration of his services to mankind in investigating the transmission of yellow fever, announces that the amount now subscribed is somewhat over \$16,000. To complete the fund and cover incidental expenses, including a marble bust of Major Reed, \$10,000 is needed. The desire of the committee is to close the subscription before the end of this month. Communications should be addressed to the secretary, Gen. Calvin DeWitt, U. S. A., No. 1707 Twenty-first Street, N. W., Washington, D. C.

—X—

BLACK EYES.

Black eyes are often a source of much concern to the doctor and his patients. It is frequently necessary to heal them quickly, and to disguise them while undergoing the process. Temporarily discolorations of the skin may be disguised by the application of grease-paint of collodion, colored by means of carmine. As a lotion the following is recommended: Ammonium chloride, 1 part; alcohol, 1 part; water, 10 parts. Dilute acetic acid may be substituted for half the water and the alcohol may be substituted by tincture of arnica, with advantage in some cases. Another good lotion is, potassium nitrate, 1 part; ammonium chloride, 2 parts; aromatic vinegar, 16 parts; aqua ad 240 parts.—*The Lancet-Clinic*.

I WONDER.—

When we've said goodbye to the shopman,
And the earth's last purchase is made,
When homeward we've toted each bundle—
And our loads at the gate have been laid;
When we ask for a crown at the entrance,
Where many a pilgrim has stood,
Shall we hear from St. Peter that chestnut:
"All out, but we've something as good?"
—Exch.

—X—

According to the *New York Tribune* of September 23, advices from Constantinople state that the new American Hospital and Training School for Nurses, just established there under the direction of Dr. Thomas Spees Carrington, of New York city, surgeon in charge, has been burned to the ground on the eve of its formal opening. Occupants for nearly every bed in the new institution were waiting for entrance, and a large number of surgical cases had been booked when the disaster occurred. Fortunately no patients had been placed in the building, owing to the necessity for a few finishing touches to the interior. The exact loss is not as yet known, but it is believed to be about \$10,000, part of which is covered by insurance.

—X—

"RIGHT YOU ARE."

The Editor of the *Oklahoma News Journal* remarks:

"Do not make a nitrate of silver apology to a chancre; caustic remarks are almost as curative, and are furnished gratis by the patient."

—X—

PROGNOSIS NOT FAVORABLE.

Doctor—I'll examine you carefully for \$10.00.

Weary Dreary—All right, an' if you find it, give me half.

—X—

The St. Louis postoffice has notified the city bacteriologist that in the future cultures of diphtheria, typhoid and tuberculosis germs will not be accepted for transmission by mail.

—X—

The committee appointed at the last annual meeting of the Medical Society of the State of Pennsylvania to draft a bill asking for an appropriation for the establishment of a State hospital for habitual drunkards, dipsomaniacs, and drug habitues, met in Philadelphia on Friday, December 7th.



BOOK REVIEWS



The Secretary acknowledges receipt of the following:

MANUAL OF DISEASES OF THE EYE. For students and practitioners, Chas. M. Ophthalmology; College Physician and Surgeon, Clinical Dept., Columbia University, New York, 1890-1903; Ophthalmological Surgeon, City Hospital, Randall's Island, New York.

Fourth Edition, Revised, 360 Pages, 360 original illustrations, including 21 plates with 60 colored pictures. Wm. Wood & Co., New York.

A most excellent work on diseases of the eye. It is a compact volume, and contains in a nutshell those facts that are so essential for the general practitioner, and at the same time are so easily within his reach. We have not seen a work on diseases of the eye that we liked better, for the use of the general practitioner, than Dr. Mays's. We cheerfully recommend it.

TUTTLE ON DISEASES OF CHILDREN. A Manual of Diseases of Children. By GEORGE M. TUTTLE, M. D., Attending Physician to St. Luke's Hospital, the Martha Parsons Hospital for Children and Bethesda Foundling Asylum, St. Louis, Mo. New (2d) edition, thoroughly revised. In one 12mo volume of 392 pages, with 5 plates. Cloth, \$1.50 net; flexible leather, \$2.00, *net*. *Lea's Series of Pocket Text-Books*, edited by BERN. B. GALLAUDET, M. D. Lea Brothers & Co., Philadelphia and New York. 1907.

Examination of this book elicits the fact that Dr. Tuttle has done his work in a masterly manner. This is a book that is to be recommended to physicians who treat the diseases of children. They would do well to read Dr. Tuttle's work.

TRANSACTIONS INDIANA STATE MEDICAL SOCIETY, 1906, 57th annual session held at Winona Lake, May 23, 24, 25, 1906. The Secretary has received this cloth bound volume, containing 586 pages. A glance at the work will demonstrate that it speaks well for the Publication Committee, and, particularly, the Secretary, Dr. F. C. Heath, Indianapolis. The book is well printed, on good paper and the arrangement is admirable.

The papers are all of high class order of merit, and, all in all, our Indiana brethren are alive to the interests of the medical profession. We hope, however, to see the Transactions journalized, as soon as possible. The State Journal is here to stay and the State of Indiana might as well "get on the band wagon."

ALUMNI ASSOCIATION NUMBER, December, 1906, Bulletin of Hahnemann Medical College Hospital of Philadelphia, paper, 143 pages. This gives the names of the Alumni of the Hahnemann Medical College, Philadelphia.

BULLETIN OF THE STATE COLLEGE OF KENTUCKY, Lexington, Kentucky, from the laboratory of anatomy and physiology. Published by the College. Compliments of Dr. J. W. Pryor, Professor of Anatomy and Physiology, State College of Kentucky, Lexington, Kentucky. This pamphlet shows a great deal of X-ray work, which is illustrated.

TRANSACTIONS MAINE MEDICAL ASSOCIATION, 1906. Compliments of Dr. Walter E. Tobie, Secretary, Portland, Maine. Paper covers; 235 pages. Our Maine brethren, while not so voluminous, have gotten out quite a creditable volume of Transactions. Unfortunately, they have the title page in the back of the book. However, this is not a reflection on the Secretary; but shows carelessness on the part of the printer or binder. Our Maine brethren would better follow in the wake and journalize their transactions.

EXTRA-UTERINE PREGNANCY AND APPENDICITIS Pamphlets by Dr. Chas. C. Allison, Professor of Principles, Practice and Clinical Surgery, Creighton Medical College, Surgeon to St. Joseph's Hospital, The Wise Memorial, and the, The Presbyterian Hospitals, etc. Omaha, Neb.

URETHRAL DILATATIONS WITH EXPANSIBLE INSTRUMENTS. Reprint from the American Journal of Surgery, January and February, 1906, By Fred C. Valentine, M. D., and Terry M. Townsend, M. D., New York.

PREVENTION OF VENERAL DISEASES. Re-

print from Ohio Sanitary Bulletin, March, 1906. Same authors.

PRESIDENT'S ADDRESS at the Fifth Annual Meeting of the American Urological Association, Boston, June, 1906. Reprint from the American Journal of Urology.

EDUCATION IN SEXUAL SUBJECTS. By Ferdinand C. Valentine, M. D., New York. Reprint from New York Medical Journal, February, 10, 1906. A. R. Elliott Publishing Company, New York.

RHYTHMOTHERAPY, or a Discussion of the Physiologic Basis and Therapeutic Potency of Mechano-vital Vibration; to which is added a Dictionary of Diseases, with Detailed Suggestions as to the Technic of Vibratory Therapeutics, with Illustrations, by Samuel S. Wallian, A. M., M. D., Chicago, Ouellette Press, price \$1.50 net, postage 10 cents.

Mechanical Vibration as remedial measure has now some recognition. The literature on the subject to date is desultory and unsatisfactory. This author, with something of an iconoclastic spirit, sets out with a curt and incisive protest, in lieu of a preface, and at once plunges into his argument.

A "Dictionary of Diseases" intelligently discusses the technic of vibratory treatment, and as a whole the volume is a valuable and

much needed contribution to the subject. The author has something to say and says it in trenchant words, without circumlocution or undue deference to immature and biased opinions. Its perusal will be an inspiration to many who have as yet given scant or no attention to the subject.

LIST OF REGISTERED PHYSICIANS, 1907. Issued by the Secretary of the State Board of Medical Examiners of the Arkansas Medical Society. Press of Tunnah & Pittard, Little Rock. In this pamphlet appears the names of the registered physicians of Arkansas, and contains also "An Act to Regulate the Practice of Medicine," providing for the appointment of three boards of medical examiners and defining their duties; also the Gant Law, as passed and approved April 29, 1903. Unfortunately the asterisk beside the names of some of the physicians has no explanation. We assume that it indicates "member of the State Medical Society." The list will be found to be a valuable addition to the library of our Arkansas practitioners. A copy may be had by applying to Dr. F. T. Murphy, Secretary State Board of Medical Examiners, Arkansas Medical Society, Brinkley, Ark., who will take pleasure in forwarding same to any member or graduate in the State of Arkansas. If the asterisk is to be interpreted as we have indicated, may it not be considered as a star in his crown?



THE JOURNAL

OF THE Arkansas Medical Society

VOL. III

LITTLE ROCK, ARKANSAS, FEBRUARY 15, 1907

No. 9

Papers Read and Discussions on Same

Before the Arkansas Medical Society, Hot Springs, May 8-10, 1906.

DISLOCATION AND FRACTURE OF HUMERUS AT UPPER THIRD—WITH RESULTS.

(By Dr. L. E. Willis, Newport.)

History of the Case.

October 25, 1901, B. J., age 16, male. Thirty-three days before had a fall from a tree to the ground, some twenty or twenty-five feet, alighting upon right elbow, after which time he was unable to use his right arm and suffered considerable pain. He was removed to his home and had domestic remedies applied. Two or three days after receipt of injury had a severe chill, lasting about one hour, followed by high fever; had four or five chills within the next thirty days; had fever almost continuously from third day after injury till present time; became delirious when fever was high; had profuse perspiration most of the time. About ten days after right shoulder, arm, and right pectoral region became dark purple—almost black. Patient complained of feeling worse every second day.

Examination.

Upon examination found temperature 104.2-5; pulse 127; skin yellow; tongue heavily coated; bowels constipated; urine high colored and scanty; enlarged liver and spleen; no appetite. Found right shoulder, arm, and hand enormously swollen and discolored. Found dislocation of shoulder upward—very unusual variety of this dislocation—with fracture of the humerus near surgical neck. The upper end of lower fragment of humerus was projected upwards, and almost through the soft part.

Treatment.

After giving patient thorough purge, followed by anti-malarial treatment for three days, general condition of patient was somewhat improved; temperature 102.1-5 pulse 110; skin somewhat cleared up; kidneys acting more freely.

On October 28th made free incision about five inches long from acromion process

extending down outer aspect of right arm encountered dirty pink, thick fluid, and some clots in and about glenoid fossa, head of humerus was pushed up above and between the acromion and coracoid process. Head of humerus, with about 2.1-2 inches of shaft attached, was split half in two longitudinally, while upper end of lower fragment passed up through deltoid muscle fascia, and almost through the skin. After forcing head of humerus back into glenoid fossa, one-half at a time, drilled two holes into each half of bone, and wired them securely together. The lower end and upper fragments being in bad condition, sawed off the irregular portion of bone from without inward at angle of about thirty degrees. After examination of upper end of lower fragments, found it splintered and necrotic. Went down shaft of bone about two inches, where I could secure sound bone, sawed it off at same angle as upper fragments, but in opposite direction, i. e., from within outward, then by drilling four holes in end of each fragment, sutured them together with large iodized cat-gut ligature, packed wound with sterile gauze and put on dry sterile dressing; flexed forearm at right angle with humerus, and in position half way between pronation and supination, and held it in that position with plaster paris splint. On the morning of the twenty-ninth found patient had passed reasonably comfortable night; temperature 101; pulse 112.

On November 1st removed dressing, unpacked wound and inspected bones. There was very little pus; bone and wound looked healthy; packed wound with sterilized gauze again, and dressed as before. Three days later temperature reached normal; pulse was 78; patient's appetite good. He was able to sit up; dressed wound as before. On the eleventh day after operation, found bone and wound in healthy condition; no pus; freshened edges of wounds in soft parts and brought together with deep sutures. Patient continued to improve, went home on the fourteenth day after operation, returned on the eighteenth day for me to inspect shoulder and arm.

I next saw him several months later, examined him and found him able to put his right arm in any position he could place his left arm in. He said he was working in timber, using axe, cross-cut saw and maul; indeed

very hard work, but did not complain of any pain or weakness.

My friend, Dr. West, examined the case with me at this time, he having given the anesthetic at the time of the operation.

DISCUSSION.

Dr. Meek: I think our thanks are due to Dr. Willis for presenting such an interesting case. I am sure it will not be allowed to go by without discussion. I lay very little claim to being a surgeon; the fact is, I do not like surgery, and never perform an operation unless it is forced upon me. This is certainly a very remarkable fracture, and the doctor is to be congratulated on the successful result of that operation. He certainly had a most extraordinary compound fracture, and achieved wonderful success in treating it. I would like to ask if there was any articular rigidity left in joint? How did you leave those muscles? Could he move the injured arm as freely as the other one? Was there no stiffness to be observed when he was moving it about?

Dr. West: The motion of the arm and elbow was good. There was no superfluous stiffening. The arm was perfectly adjusted and moved freely in any direction.

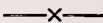
Dr. Meek: As I understand it, the upper part of the humerus was split longitudinally for two or three inches, and that was wired together, a portion of the lower fragment removed to secure better union, then both ends sutured together?

Dr. Willis: Yes, sir.

Dr. Mann: I must confess that this subject is entirely foreign to my usual run of practice; but I wish most heartily to thank the doctor for presenting this most unique case for our consideration and instruction. Those of you who heard the essay will understand and appreciate the difficulties encountered, and the skilful manner in which they were handled. I feel as Dr. Meek has said, that the paper is a most excellent one, and should not be allowed to pass without discussion by every surgeon present. The doctor has undoubtedly devoted a good deal of his time to getting up this clear and succinct report of the case, and I feel that he has done us a great favor by presenting it.

Dr. Meek: I think the surgeons are all down town taking a hot bath this morning. (Laughter.)

Dr. Willis: I have nothing further except to thank you gentlemen for your flattering remarks and favorable criticism. In reply to the doctor's questions in regard to those muscles and flexibility of the arm, I would say that they seemed perfectly adjusted, and that he was capable of placing that arm in any position that he could place his other arm.



INTESTINAL OBSTRUCTION.

(By Dr. Thomas F. Kittrell, Texarkana.)

This is one of the most important conditions with which we come in contact. It has been estimated that one death in every three hundred to five hundred occurs from this cause. These cases are first seen by the family phy-

sician and frequently they are so severe and rapid in their course that one must act quickly.

Acute Obstruction.

The patient is usually taken suddenly ill, has a very severe cutting, grinding pain, similar to that of intestinal colic, the pain is at the beginning in the umbilical region, but may be felt at any part of the abdomen; there is no tenderness as a rule; on the contrary, the pain is often somewhat relieved by pressure. The pain is intermittent generally, and comes on at the time peristalsis is most violent. This violent peristaltic action is a prominent characteristic of the intestinal obstruction. In the intervals between the attacks of pain the patient usually feels completely relieved until another sharp, agonizing attack of pain comes on to remind him of his condition. These intervals of repose vary as greatly in duration as do the attacks of pain. The gravity of the case is not indicated by the character, frequency or duration of the pain, they show the greater efforts of the intestine to overcome by violent peristalsis the obstruction; on the other hand complete cessation of pain may denote gangrene. During the attack of pain, if the walls of the abdomen are thin, one may outline these coils of intestines.

Constipation or obstipation is a prominent symptom. It is the one which, when the patient and his friends have exhausted all the patent purgative pills, the various waters, and has at last resorted to what he thinks are remedies of the dark ages (castor oil and epsom salts) strikes terror to his heart as he and his friends say he has "locked bowels." This symptom also, when coupled with others, pain, vomiting, tympanites, low temperature, etc., especially after the physician has used repeated enemata with no results, causes great anxiety to the physician and to the surgeon when he realizes that the best operators claim only to be able to make a correct diagnosis of the pathological condition which causes the obstruction in fifty per cent. of the cases.

Vomiting is a prominent symptom at some time in every case. The nearer the obstruction is to the stomach, the earlier and more persistent is the vomiting, first the contents of the stomach, then the small intestine, until the characteristic fecal vomiting, brownish, very offensive and usually in large quantities. There is often great relief for a time after these attacks of vomiting. The gagging and vomiting are more violent in the beginning generally than they are late in the attack, when the patient regurgitates, without effort, large quantities of the offensive contents of the intestines.

The fecal odor is more pronounced in those cases where the obstruction is low down. Tympanites is often present. It is due to distension of the bowel above the obstruction by the decomposing intestinal contents or to changes in the circulation of this part of the gut or to both these causes. It is often hard to say whether the tympanites is due to obstruction or peritonitis, and as these two

conditions often exist at one and the same time, it may be due to both. In differentiating between these two conditions, we must remember the clinical history, the fast, wiry pulse, tenderness on pressure, rigid abdominal muscles and nearly always a rise of temperature which occur in nearly all cases of peritonitis, while in obstruction we have early the slow pulse, later small and frequent absence of tenderness and rigidity and low, even subnormal, temperature unless there be a rise from some complication. A small amount of ascitic fluid is more common in obstruction.

In intestinal obstruction, the symptoms do not always indicate the serious pathological conditions which may exist; this is not characteristic of this condition as the same may be said of strangulated hernia and appendicitis.

In intussusception the symptoms differ somewhat; it occurs oftenest in infants; there are frequent passages of a minute quantity of mucus and blood, accompanied by straining. Vomiting is not a very prominent symptom, gas may be passed, but the presence of an oblong, sausage shaped tumor in the abdomen, coupled with above symptoms, make up a symptom complex which is characteristic.

The causes of acute obstruction are numerous. Impaction, malignant and benign tumors, constriction by bands, both acquired and congenital, internal and external hernia, invagination, kinking, inflammation of peritoneum, and, last, cases in which from some interference with nerve supply of a portion of the intestine, extreme meteorism occurs. Chronic intestinal obstruction is more often found in those of advanced years, and its causes generally act gradually. The most frequent causes are cicatricial stenosis, malignant and benign tumors, syphilis and tuberculosis. The large intestine is oftenest involved.

The prognosis is generally bad, but depends largely upon the pathological conditions and the treatment employed. Medical treatment is not of very much benefit except as it aids in getting the patient ready for surgical treatment. However, we are frequently uncertain as to the cause of the obstruction. Copious enemata, both low and high, especially the latter, also high enemata of olive oil, sometimes with patient in knee chest or inverted position. If seen early and diagnosis is uncertain, salines or a mild mercurial may be used, but all cathartics should be omitted, if we feel sure of obstruction.

A very useful means of giving relief from vomiting and fecal eructations and also tympanites, is by stomach washing. Insufflation of hydrogen gas has been highly praised by Senn, in intussusception. If we intend operating we should have as little delay as possible, for we cannot say how soon we may have gangrene. Surgical treatment by opening the abdomen is the surest and safest.

It is needless to say that one must be scrupulously clean in this as in any other operation. Lavage before beginning the anesthetic will lessen danger of suffocation caused by inspira-

tion of vomitus into larynx. We should have on hand two or three quarts of salt solution. The abdomen should be opened in the median line, unless there is some special reason for making the incision elsewhere. In most cases (nine out of ten) the obstruction will be found in the lower part of the abdomen. Usually when the abdomen is opened the distended intestine above the obstruction will bulge into the incision. The appearance of this part of the intestine is characteristic; in color it varies from dark pink to purple, brownish, even black, and in the gangrenous intestine the color may be a grayish black. The contents of this loop of gut may be of value in determining the location of the obstruction. If fluid feces and gas be present, the obstruction is probably near; if nothing but gas be present, it is a greater distance. Passing the hand into the lower part of the abdomen, if we feel the distended cecum, we may know that the obstruction is still higher up. If we do not find the obstruction readily by passing the hand into either iliac fossa, we may tie a narrow piece of gauze around a loop of gut and gently but quickly pass the intestine through the fingers until we come to the obstruction.

If the obstruction be due to invagination and the adhesions are not too firm, we may be able to reduce it by gently pulling the invaginated portions apart. If the adhesions are very dense, it may be necessary to resect the gut. If bands be present, they must be tied and divided. In all cases of intestinal obstruction from any cause, if the obstruction can be removed and the intestine left in good condition without resection, making of artificial anus, etc., of course, the prognosis is much better than it is if such procedures are necessary. Frequently a gut, that at first sight appears gangrenous, will, after the obstruction and strangulation are relieved, very quickly regain the normal hue. The application of hot saline solution, either poured over the gut or applied by means of towels, will hasten this result. It is well, if the condition of the patient will permit, to take several minutes in trying to restore the gut. If it be replaced in the abdomen for a few minutes while another loop of gut is being drained, if necessary, the warmth may do good. Of course, where the gut is black or gray and has lost its normal luster, when the prick of a needle does not cause bleeding causing only a watery fluid to flow, and when the application of heat does no good, it is out of question to attempt to restore the circulation; and we have to choose one of many procedures to restore the fecal current and prevent extravasation of feces with its disastrous consequences. Some of the various forms of intestinal anastomosis will be best if the patient's condition is good. Personally, I like end to end anastomosis by means of suture after resection. If the condition of the patient is bad a Murphy button may save a little time, although the suture may be applied very quickly. In other cases the gangrenous gut may be brought into the incision, drained and an artificial anus made. This

only where we wish to tide the patient over a crisis and expect to resect at a later date. Where intestine is distended, puncture will allow much gas and fecal matter to pass. Then puncture may be quickly closed by suture. The relieving of this distension will allow replacement of the intestine much more easily and safely than if we try to force distended gut back into the abdomen, which is too small for it.

Report of Cases.

Case 1. Mrs. P., age 45. Brother died of pulmonary tuberculosis. A tumor about two inches below ribs extending from two inches to right of median line to a point a little to left of that line. The tumor was oblong and apparently one and a half inches in shortest diameter. She had much pain. This came on in paroxysms, the pain subsiding instantly and at the same time there was a gurgling, whistling sound which could be heard at a distance of several feet. Patient was much emaciated and there was a limited amount of ascitic fluid. There was vomiting, but no constipation. I had a number of colleagues come into the hospital and see the case. We all differed greatly as to the nature of the trouble. I must confess that I thought the tumor was a malignant tumor involving the intestine. Upon opening the abdomen I found it was a case of tubercular peritonitis, and the tumor was due to a gluing together of the loops of intestine by the tubercular material. It had also, by kinking and compression, loosened the lumen of the gut until it was with great difficulty that the food and gas passed. Knowing how friable and easily torn the gut is where tubercles are so plentiful, I made no attempt to break up the adhesions, contenting myself with letting out the fluid and examining the parts carefully with my fingers. I felt that this was the best course to pursue, as these cases usually do so well after laparotomy. She improved very rapidly, and in a short time gained twenty-five pounds, having no pain and none of her old symptoms. About one year later she began having pain of same character as before. This continued to give trouble for about a year, when she came back to me for operation; this time I drained off quite a quantity of fluid. She stood operation very well, leaving hospital on the eighth day. She improved for a short time, but died five months later with symptoms, her physician told me, of obstruction.

Case 2. The next case was one of intussusception. Child about one year of age. Ill about three days; had been given purgatives; stools frequent; good deal of straining. These stools were small and composed of blood and mucus sausage shaped tumor in right iliac region, paroxysms of pain with intervals of repose. Introducing finger into rectum it came in contact with the end of the intussusception with characteristic slit at apex. In addition to these symptoms the child had a well-marked case of broncho-pneumonia; respiration was 80. The child was rapidly growing worse, so I decided to anesthetize and try the

effect of a rectal injection of water, using a fountain syringe, having the patient inverted. Everything was prepared for a laparotomy in case this should not succeed. After a few minutes the tumor suddenly disappeared, and after lowering the patient the end of the invaginated gut could be felt. I decided that reduction must have taken place; so I put the patient to bed and did not do the operation I had expected to do. The child had several large fecal discharges during the next few hours; but the pneumonia proved fatal a short time afterward.

Case 3. Mrs. P., age 23; married; has two or three children; had never had serious illness except attack of typhoid fever when eleven years of age, which was of average severity. She was taken suddenly ill early Thursday morning and sent to her physician for medicine for what her husband called "cramp colic." As she got no better, she called in the physician, who had to use morphine to relieve the pain and vomiting. He also used high enemata. By Friday she was vomiting at long intervals large quantities of fecal matter; her temperature was normal or sub-normal; pulse gradually increasing in frequency and losing in volume. I saw her on Sunday night, the fourth day; abdomen was not distended; pulse, as well as I remember, a little over one hundred; temperature a little below normal; had been given one-eighth gr. morphine hypodermically every six hours. This kept her fairly comfortable; but at the end of the interval she would vomit a large amount of fecal matter. She was about fifty miles from Texarkana. It was out in the country and nearly midnight when I saw her; so we decided to move to the Pine Street Sanitarium at Texarkana. A train passed in a few hours, so we carried her there, where I operated early next morning. Patient came near dying on table from some of the vomitus being sucked into larynx. Upon opening the abdomen I found a loop of the small gut about four inches in length had been caught in a band which was carried around the intestines twice. The gut was black, but had not lost its lustre. The band was wound so tightly and was so deeply embedded that I had some trouble getting the point of grooved director between it and gut. The several ends were caught with forceps, tied near their origin and insertion. Both attachments were to small intestine, and cut close. Another similar band about six inches in length was found running from one loop to another. This was also removed; the diameter of the bands was not more than one-fourth inch. She made uninterrupted recovery.

Case 4. Negro about twenty-five years of age; was shot in the abdomen late one night (about midnight). Several perforations of small intestine were closed by suture. One wound severed nearly one-half the lumen of gut. He was drunk at time of injury, and between whiskey and ether he became very violent. Tore off bandages and clawed at wound; had slight infection of abdominal wall. However, patient left hospital after forty days in good shape. He had been on light diet

while there, and I told him of the danger of gorging himself. But about a week after leaving hospital he ate a great quantity of ham and other things, and in a few hours sent for me. I found his abdomen as tight as a drum. He was suffering severely; pulse was very rapid and quick, and he was vomiting. After trying enemata I decided that if I did not act quickly he would die; I did not move him to hospital, but prepared him as quickly as I could and opened abdomen by a compound incision; the vertical portion in median line, the transverse at right angles and to left side. There were many fine adhesions about the site of the bullet wound. His condition was so bad that I could not break up these adhesions and locate the narrow kinked portion of gut; so I caught up a loop of small intestine and united it to the cecum by means of a Murphy button. He was almost pulseless when removed from table, and I fully expected his death in an hour or two; but he rallied and gained in strength. In about ten days he began having slight attacks of diarrhea. The wound healed all right and I had dismissed him when I was called to find that he had for several hours had great pain and frequent watery actions; pulse 150. He died in an hour, and I found my button in the upper part of the rectum.

Case 5. This man was seen in consultation with several colleagues at the Cotton Belt General Hospital. He had had a simple fracture of femur three days previously; had no action from bowels during this time; had been given one or two hypodermics of morphine; had been given large amounts of epsom salts, castor oil, etc., and a number of high enemata. When we saw him the distension was enormous, interfering greatly with respiration. Pulse was, I think, about 150; temperature subnormal; skin drenched with profuse sweat; expression anxious. He was begging for some one to "cut open his stomach," as he expressed it. I did not operate on this case, but assisted a friend. We could find absolutely nothing to have caused the obstruction. We went very carefully over the whole length of the gut; we made some openings in the gut on its convex side, letting out enormous quantities of gas and liquid fecal matter. He died a few hours later. He stated to one of the house surgeons that some years before he had suffered with a similar attack.

Was this attack due to some contusion of abdominal wall in falling off engine? Could the paralyzing effects of the opiates have lessened peristalsis so much as to allow gaseous accumulation, which of itself acted mechanically to prevent the expulsion of the intestinal contents, paralyzing it, as it were, by overdistension? This case was a puzzle to me.

I have not included in this list those cases of strangulated hernia of which I had quite a number of both inguinal and femoral. All of them, I believe, recovered after operation.

DISCUSSION.

Dr. Runyan: The doctor has given us a very interesting paper on a very important subject.

I have one or two points which I wish to emphasize. One of them I think one of the most important in dealing with a punctured bowel in all cases of obstruction, is to allow the escape of gas and fecal matter in order to assist in replacing the bowels in the abdominal cavity. This is of great assistance; but I think it is a much more important thing to get rid of the contents of the bowel that is already distended, which will be still more injurious to the bowel if it is allowed to remain, as it will also be absorbed and cause auto-infection. We all know that in abdominal surgery extraordinary caution should be exercised in handling the bowels, even when there is no obstruction. There is a tendency toward paresis of the bowels, and if there is distention of the bowel during operation, that tendency will be diminished by getting rid of the contents of the bowel. While on the table an attempt should be made to thoroughly evacuate the bowel. This can easily be done when the fecal matter is soft—and it is usually so. Don't hesitate about using the trocar. If you haven't one get some rubber tubing and make one; bend it down low to facilitate escape of the contents. With a piece of tubing, say No. 44, you can get it out very rapidly. I think this is a very important matter, and I am glad that I have an opportunity to refer to it.

The doctor did not say anything about what was the cause of the tuberculous condition; how it originated, or what its origin was. I would like to ask him if he examined the fallopian tubes in those cases to see if there were any tubercles there.

Dr. Kittrell: The last operation showed the abdominal cavity covered with them. The first time I did not see any; the next time I noticed that the fallopian tubes were just studded with them.

Dr. Runyan, (resuming): I am calling your attention to this for the reason that more of these troubles are brought about through a diseased fallopian tube than in any other way. The old idea that formerly obtained in so far as it relates to unusual cures of tuberculous peritonitis, I think is a fallacy. A great many of these cases that have been cured of tubercular peritonitis that have been relieved by surgical procedure, and the diseased tubes and ovaries were removed; and the more completely that they are removed, the more certain you are to cure your tubercular peritonitis.

Dr. Mayo has written a most excellent article on this subject, in which he calls special attention to the fact of dissecting out the tube into the cornu of the uterus, not leaving any particle of infection there.

I note that the doctor said something about open drainage curing these cases of tubercular peritonitis. I believe that most authorities contend that drainage in tubercular peritonitis is a bad thing. Don't drain, if you have tuberculous condition. Clean it out as nearly as you can; but without drainage. If you drain you will likely favor the formation of a fistula—possibly a fecal fistula afterwards.

Dr. Sweatland: I do not think that the administration of purgatives in intestinal

obstruction is ever indicated. I don't care whether it is due to fecal impaction, or whatever condition the obstruction is brought about by, I don't think we would ever be justified in giving purgatives in these cases of obstruction. We should conceive it our duty to instruct the laity as much as possible along these lines. In my opinion the obstruction is made greater by increased peristalsis, and purgatives and food cause increased peristalsis. When we get the large bowel cleared, the stomach washed out, relieving the vomiting, we will generally get the desired result. The use of purgatives of any kind seems to me to be the worst treatment we could resort to.

Dr. Canfield: This paper has certainly been a very interesting one to me, because I have recently had a couple of cases of intestinal obstruction. The first was that of a child, five or six months old, and within the next few days I had to deal with a case in my own baby, a little over two years old. The first case was accompanied with a good deal of vomiting, considerable purging of bloody, watery substance, with high temperature. I did not find any trace of pneumonia, though the rapid breathing, high temperature and some harshness in respiration led me to suspect that there was something else to be looked for—some other trouble than mere obstruction. However, I chloroformed the child and explored the abdomen very carefully, and was able to outline a sausage shaped tumor, something like three inches long and two inches broad. Under anesthesia the tumor was very readily mapped out. Since I could not discover any cause for the symptoms, except obstruction, and found all the organs in their normal locations, and because this tumor was very mobile and could be transferred from the left of the umbilicus clear over to the right side, I was very sure as to the condition.

Now, I wish to emphasize, and say, Amen, to Dr. Sweatland's remarks against the use of purgatives. I believe that is the commonest error in the treatment of these cases. I assure you none were used in the cases I have referred to. The treatment of Dr. R. T. Sloan, of Kansas City, is to place these little patients in an inverted position and resort to forced irrigation. I must confess I was somewhat afraid of this procedure; but the doctor had reported satisfactory results in a number of instances where, with an elevation of four to eight feet, he had forced water out of a child's mouth. I never succeeded in doing this; but under anesthesia we ran half a cup of water out of this child's mouth. The tumor largely disappeared, but promptly recurred in a few hours. The child's condition was very bad—so bad that Dr. Clegg and myself considered an operation inadvisable. The child died an hour or two after our visit. I am satisfied that no beneficial results would have followed any effort at operation.

A few days after that my own child got sick; had no fever, but was lying around, paying no attention to anything, whining softly; had no characteristic diarrhoea; but upon examining her abdomen I found a tumor as large as an orange, which appeared like a piece of solid rubber. It was sharp edged, and felt to me

like the spleen. By percussion I could not determine any loss of splenic dulness. I was able to return this tumor up under her ribs; but could not move it in the other direction, I did not operate in my child's case, but used enemata and massage, until I just could feel that the tumor was there. Didn't find it necessary to open the abdomen. She recovered promptly, and without purgative.

Dr. Snodgrass: I feel thankful to Dr. Kittrell for his able treatise and clear manner of describing the treatment of dangerous conditions. I like to hear about every way that is successful. I think Dr. Runyan's plan of emptying the bowel, where you have obstruction and fecal matter and gases to get rid of, is most excellent.

In reference to Dr. Canfield's method of introducing water into the rectum and forcing it out of the mouth, I am not in position to offer objections before trying some further experiments; but I am very doubtful of its feasibility. Not long ago we had the cavalier of a child of about eighteen months. We did not have Dr. Sloan's apparatus for irrigating the intestines; so we used the ordinary pressure of the city water supply from the nozzle at the sink, but we were never able to force any water through the bowel backwards. It is true that in the living child you would have the peristaltic action, or partial peristalsis to aid you and prevent one loop of the intestine from being pressed over the other and locked, which we did not have.

I am quite sure that if you will study the formation and action of the pylorus and ileo-cecal valve, you will conclude that they would be rather hard to get through, and you will also have to pass along the various loops of the intestines attached to the peritoneal folds. Suppose we attempt to force water backwards through there after the fashion suggested, the loops would most likely fall over each other and lock. If so, how are you going to get by?

I am going to make some further experiments to satisfy myself as to whether or not it is possible to force water from the rectum into the mouth.

Dr. Preson Hunt: I always like to know what original research is bringing out, and I want to ask the different members who have had experience along this line to state what they know of water being carried from the rectum through the alimentary canal and expelled from the mouth. I have held several children up by the heels to facilitate forced enemata but have never seen it pass on out of the mouth. However, if the obstruction in the gut of the child, or of grown people, even, for that matter, is of such a nature as to cause vomiting of fecal matter, that is evidence that a portion of the intestines have reversed their peristalsis, beyond question; but before you could bring water from the rectum, you would have to get the ileo-cecal valve in a state to reverse its motion and override the normal action of the whole of the intestinal tract. This hardly seems practicable to me. I have to admit that it may be possible, though I have never seen

it done, and I am quite skeptical as to the outcome.

Dr. Dorr: I want to emphasize one particular point in regard to giving anything, and that is not to give them medicine, nor food nor water. I had a call out in Baxter county, case of some fifteen days standing; great distention, vomiting, etc. I just telephoned them to simply let the patient alone. Let your medical procedure be to aid nature. When you don't know what is the matter, leave them alone, without food or water. If that don't succeed, then there is nothing to do but operate. You don't want to give anything. This rule will hold as near good as anything else will.

If we could see these cases at the very beginning of the trouble, it would be a great blessing; but when we do not see them at first, we are at a great disadvantage. As in the first case reported by Dr. Kittrell, the patient is in an almost moribund condition before the surgeon ever touches them. That is the stand I would take.

Dr. Kirby: I want to commend this valuable essay of Dr. Kittrell and we all want to hear from him further on the points brought out in the discussion. I think he has time, if he is not in a hurry to go to dinner.

Dr. Kittrell: The outlook in most of these cases is very grave. In diagnosing these cases it is often very difficult to say if the condition is due to obstruction. When the patient vomits fecal matter from the intestines it must be due to reversed peristalsis which has overcome the normal constriction at the pylorus. The first case had no pulmonary symptoms at any time while I was treating her. As for draining, I said, "Drained out fluid." I did not attempt drainage after operation to relieve the tuberculous condition.

Now, as to the question: Can water be forced from the rectum into the mouth? I do not recall that I ever came in contact with a case in which the bowels were relieved of obstruction in this way. I think it would be extremely likely to cause rupture of the intestine; still there are some good authorities who seem to think this can be done. In some experiments made on the intestines of animals, by Senn it was found that they would hardly ever stand over two and one-half pounds pressure.

Sometimes we do not know whether we have obstruction or not. The forcing of water from the intestines through a child's mouth seems like an exceedingly dangerous procedure, involving, as it does, a movement in opposite direction to the natural course. It would depend upon how much leakage could be developed in the ileo-cecal valve. The impact of the water would tend to close it all the more firmly in some cases; and it would depend entirely upon the ability to force water through this valve.

—X—

DISCOURTEOUS TREATMENT.

Following this will be found the discussion on the paper read before the Arkansas Medical Society by Dr. Holder, of Memphis, "Uterine Fibroids." It is necessary that an explanation

be made, stating why the paper is not published, and why the discussion alone is here presented.

In the beginning of these remarks, the principle will be laid down, by saying, that the proceedings of the society are the proceedings; nothing more, nothing less. Without Dr. Holder's paper, the proceedings are incomplete, and in order that as much of the transaction may be published as it is possible, it is proper to give the discussion on his paper, even though he refuse to turn over the paper as he agreed to do.

Now to the point. When this paper was read, the stenographer following out instructions to secure every paper as soon as read; went to the doctor and requested his paper. The doctor said that he did not have it written as he desired it to appear in print, but would take it back to Memphis, and would revise, and return by the first mail. The stenographer offered his services to the doctor to revise it then and there in order that delays might be obviated. The doctor insisted that he be allowed to take the paper with him, and revise it at home and return as stated. Mr. Overton, the stenographer, reported these facts to the secretary, whereupon the secretary went to Dr. Holder, and told him that the society had had so much trouble in getting papers after being carried away, that it had been agreed upon by the publication committee, that all papers must be placed in the hands of the stenographer when read, and that he alone was to be held responsible, and that everything had been given to him without objection, but the doctor was insistent upon carrying out his desires, and agreed that he would do as he said—return the corrected manuscript, without delay. Not desiring to be rude to our visitor, but wishing to accord every courtesy due, the matter was disposed of as he requested. After waiting perhaps one month, and not hearing from the paper; the stenographer was directed to write him and remind him that the paper had not yet been received. No reply was received to this letter, whereupon the secretary wrote personally, asking for the paper; to this letter the doctor replied that he had promised it to another journal for publication. He was informed by the secretary, that the paper was the property of the Arkansas Medical Society according to Sec. 5, Chap. 11, and that he had no right to allow its publication, but should send it to the secretary as he agreed. Up to this good day the paper has never been received, neither has the doctor ever condescended to answer either of these appeals mentioned, including two additional. Without being harsh, it appears that this is nothing more nor less than discourteous treatment to the Arkansas Medical Society. The Committee on Scientific Work gave Dr. Holder a place on the program, and accorded him the privilege (and it might be said honor, for it is an honor) to read his paper before the society, and then for him to refuse to comply with the laws governing the reading of papers, is to say the least very inconsiderate, if not discourteous. At any rate he might have allowed the Journal of the Arkansas Medical Society, to have "played second

fiddle" and published the paper after its appearance in the other periodical, in order that our transactions might be complete.

UTERINE FIBROIDS.

(By Dr. Holder, of Memphis.)

DISCUSSION.

Dr. Canfield: The paper shows evidences of a great deal of thought and clinical experience, and is an exceedingly interesting and well presented subject. I have nothing to say except words commendatory of the paper.

Dr. Kirby: I am like Dr. Canfield in getting up and commending Dr. Holder's paper. There are a good many things he might have said if he had kept on; because he is plenty able to say them, but there is one point that he possibly left out in discussing the question. It is a very common thing for every woman afflicted with a fibroid tumor to shrink from having an operation. It is the rule with them that they do so. It wants to be presented to this Society that it is best to operate in these cases, and to impress it upon their minds fully that it is necessary to preserve their health. Dr. Holder did not mention the question of electricity. I have tried two cases successively with electricity, but I do not think it is the thing, because I think there is too much danger connected with it, and that the results are not likely to be what they ought to be. I simply want to present that one thought.

Regarding the complication of the heart, as the gentleman mentioned, the action of the heart is almost always affected by these fibroid tumors more or less. It becomes a serious question in connection with that.

Another thing in connection with it is the kidneys. Whenever we find albumen in the urine, we ought to insist upon an operation. But, I might talk all day on the subject. The doctor has presented the matter so well that I cannot add anything to it.

Dr. Snodgrass: I would like to thank Dr. Holder for the paper. I did not hear the first part of it. I only heard his method of operating. I do not believe we are justified in doing a conservative operation on a fibroid tumor of the uterus. A fibroid growth is a slow growth usually, and we can apply the treatment by electricity very much like we can apply it in the treatment of tuberculosis. It is a slow insidious growth, and would require several years to determine whether the treatment had been beneficial or not. Occasionally we find fibroid tumors that will grow very rapidly for seven or eight months, and then seem to cease growing for a time. I do not believe that the application of electricity is a positive cure for fibroid growths unless you carry it over a period of years. If we would operate upon all of these cases of fibroid tumor, and do it early, we might perhaps be justified in doing a conservative operation. But the best treatment is complete hysterectomy.

I remember a few years ago I did a conservative operation, and a year afterwards another nodule appeared on the posterior cul de sac. Two years later I removed the uterus. I found complications and a great many adhesions that would have interfered with the first operation.

Referring to the condition of the heart, I do not think that the heart is affected any more by a fibroid tumor than by other abnormal growths. Take a patient who has goitre or tumors in any part of the body. They are more or less of sedentary habits, do not take much exercise, and are liable to develop some trouble of the circulatory apparatus. These conditions are perhaps due primarily to some irritation. I do not believe that anybody who has suffered from septic infection has as strong a heart afterwards as before. It seems to affect the valves of the heart. You find in a great many cases of fibroid tumor that the valves of the heart are diseased. I do not think that these fibroids can be excused altogether for the condition of the heart, but it is the prolonged invalidism. They are always anemic. The menstrual flow is excessive and will continue over a number of days longer than in normal condition; and that accounts for the condition of the heart. In order for the heart to act properly, we all know that it is necessary to have a full volume of blood. The condition of the kidneys has always to be taken into consideration in operating for fibroid growths.

I don't think we are justified in using electricity or anything else for fibroid tumors. If you want your patient to get well, remove the fibroid tumor; extirpate the uterus. In a few instances, we have women who have borne after the fibroid growths have been removed. I have seen two or three cases of that kind, but the majority of them abort. I had a case last Friday morning, fibroid was removed seven years, she carried a baby seven months and aborted. At this time, she is in a serious condition.

Dr. Runyan: It takes us a long time to unlearn a thing after we have once learned it, whether we learned it right or wrong. We are now following the lessons that we learned twenty years ago in the treatment of a fibroid of the uterus. We all know the mortality at that time was high. It was high from imperfect technique, lack of asepsis, and all those things that go to to make perfect results at this time. The fact that people died twenty years ago from these operations to an alarming degree has made many bold practitioners along other lines reluctant to advise his patient to submit to the operation when he knows they may live even years if let alone. The teachers in the medical colleges of twenty years ago, as you all know, were not very strong in their argument for operation for fibroma except in those cases that were extreme; extreme in size or pain or some other symptoms requiring operation. We all know that the mortality has been reduced recently because we are now operating before this extreme condition exists. The fact that it is an insidious growth, I believe,

has worked a hardship upon the patient. A patient becoming alarmed when she has an ovarian cyst that is growing rapidly, because of the paroxysms of pain and because of the extreme size to which it is becoming, soon seeks the advice of a good physician. The physician, knowing that the operation for ovarian cyst is simple and the mortality very slight, does not hesitate to advise his patient, and advises her in a manner that convinces the patient that there is very little danger. Gentlemen, I want to urge everybody to be a little stronger when he thinks that an operation is necessary. If anything, don't be weak-kneed. Just as you are weak-kneed, so is your patient going to hesitate about having an operation, and because of your weak-knees sometimes you will cause a patient to go on suffering for three or four or five, and maybe ten years, and finally have to submit to an operation that is ten times more dangerous than it would be in the beginning. If you are convinced that it is necessary, and I believe operation is necessary in all cases, do it in a way that you will convince your patient that you believe what you say. If you don't want to do the operation yourself, tell her to go to somebody else. Don't treat her medically. It is not going to do her any good, and the patient is going to suffer more all the time. I hope that everybody will go home convinced that the proper thing to do in all cases of fibroids is to have them operated upon, and the sooner the better if the patient is in good condition, and if not in good condition, then as soon as she can be put in the best condition to be operated upon.

Dr. Clegg: I want to endorse what Dr. Runyan has said. I had a woman under my care. She was recognized to have a fibroid tumor for seven or eight years by Parks, of Chicago. At that time, it was very small. She refused an operation, and came to our town later. When she came she was having hemorrhages almost continually every few days. The uterus, however, was still movable, and she was still in fit condition for operation, I advised operation. She still refused, but her condition finally became so extreme that she consented to an operation, went to Kansas City, was operated upon and died about thirty-six hours after the operation. There was peritoneal inflammation of the pelvis, and very extensive dilatation of the fallopian tubes, which were filled with a bloody serum. The fallopian tubes were perhaps an inch in diameter, both of them, and were filled with that dark bloody fluid, doubtless from the hemorrhage due to the fibroid condition of the uterus.

Dr. Holder: There is not very much to say in conclusion, except to express my appreciation to the Society for the liberal discussion. More is gained from the discussions than from the papers. I will say that in preparation of a paper, it has been my opinion for years that it is not worth while to take one man's experience in the matter you are going to write upon, and in preparing this paper I endeavored to eliminate as much as possible my own records. I have the statistics quoted there

which can be verified, and the statistics that I have quoted show the results in thousands of cases. That is the only way you can get at a positive conclusion in medicine or surgery. Look up hospital records, look up the records and statistics on the subject you propose to write about, and then when you have gathered results you have something tangible. What would 100 or 1,000 cases add in summing up the sum total of the results of operative work, or, even, internal medicine? You want the records from the great hospitals abroad and in this country and the great operators all over the world, and when you have them you have something, as I say, that is hard to refute.

Now, the records in modern days show that the death rate from hysterectomy or myomectomy has been reduced materially from way up yonder to about 2 to 10 per cent. There is no good reason, if you have your cases in proper time, why you should not save 98 out of 100, and the two that die will die from some intercurrent trouble or something that probably existed before that operation. If you can save 98 out of 100, and the statistics show that 33 out of 100 die without operation, then is it left open for argument? The patient does not die from the fibroma in itself, of course, but the patient dies from complications and degenerations resulting from that condition. What are some of those complications? You have malignant degeneration. You have sloughing occasionally from twisting of the pedicle and a compressed condition brought about by pressure in the pelvis, which involves the kidneys, primarily, and which secondarily involves the heart. You have complications of the nervous system, which will render the patient invalid, neurasthenic. You have complications which result from the excessive flow at each menstrual period. Those complications are anemia, susceptibility and all the other diseases to which the human family becomes heir. When we stop to consider that the fibroma in itself is not going to produce death, but it is the complications following these growths in the pelvis, and when you have it stated to you by men who do nothing else but search the reports from hospitals that 33 1-3 per cent of them die from these complications, then what is left for you to do but advise operation? I do this almost invariably, unless there is some peculiar contra-indication in that particular case, such as extreme anemia at that time from loss of blood, or generally a depleted condition resulting from years of impoverished health. Build them up, and as soon as you can, operate. Or, unless the kidneys are very much diseased which would contra-indicate operation, or from the bad effects of the anesthetic. You have to consider all those things. But, in all cases, if we would begin now and take up the cases as they come to you day after day, and argue in favor of an operation in the beginning, you would not have one case in a hundred that is not operable, and you would not have more than 2 per cent perhaps that would die, and those, as I say, will be saved as soon as we can get so we can conscientiously advise operation in plenty of time.

You ask, why do you want to unsex a young woman, in whom maternal instinct is very strong? A man can hardly conceive the maternal instincts of a well-born woman. Why do you want to unsex her, is asked. Why do a hysterectomy? You don't want to do it. You want to do a myomectomy, if you can. Now, are you going to do a myomectomy, or, are you going to do a hysterectomy? Can you tell before you go in? No. Not more than four days ago, I had occasion to operate upon a young woman from Aberdeen, Miss., unmarried, about 28 years of age, who had a fibroid tumor, very small. I could hardly palpate, but by bi-manual examination I found she had it. When we got in, we found the whole uterus substantially filled up with these intramural fibroids. Nothing but hysterectomy would suffice. She is unsexed. It had to be done, because her condition in the course of a few years would have lapsed into that of a chronic invalid. You cannot tell until after you open the abdo-

men what you can do, but you can say: "We will do a myomectomy if possible. If we are certain you have no other diseased portion of the rest of the uterus except that one point, if the adnexa are in a healthy condition, we will do a myomectomy. But we must be certain of that, or else we will say right now that we will have to do a hysterectomy." It is not right to subject her to that more or less serious operation, and have her back in a year or two with another fibroid growing from some other part of the uterus than the one you had entered. In doing a myomectomy, it might be well to do a curettage before you do it, because in all these cases there is a hypertrophied condition of the endometrium. That is undoubtedly pathologically true, because you have that excessive flow which comes from the endometrium and you have a hypertrophied condition. If you don't do that, you will have a complication following the operation of a severe, troublesome and annoying leucorrhea.



IMPORTANT

Doctor, write your Senator and Representative again and urge them to support the Patterson-Black Patent Medicine Bill. Be sure and do this. Much depends on the continued efforts of the profession.

Doctor McCormack will hold two meetings at each place where he has engagements; one at 2 o'clock for the profession and the other at 8 o'clock for the public. Ladies invited.

THE JOURNAL

OF THE

Arkansas Medical Society

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no Other Proprietary or Business Interests Whatever.

PUBLISHED MONTHLY, Price, \$1.00 a Year in Advance.
Single Copies 10 Cents.

Published on the fifteenth of each month under the
direction of the Committee on Publication.

Entered as Second-class matter, June 21, 1906, at the
post office at Little Rock, Arkansas, under Act of Congress
of March 3, 1879.

All communications to this Journal must be made to
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PROPRIETARY MEDICINES.

There is a flood of proprietary compounds, which has overwhelmed the profession for years. There are enterprising and experimenting manufacturers who are investigating and putting upon the market their wares; they are crowding the doctors and overwhelming the druggists with a flood of proprietary remedies. There seems to be no end to the number of new preparations and pharmaceuticals that the weary doctor and the corner drug stores have been deluged with. When the doctor is at his busiest moment, in comes the sampler and with a "spiel" as long as a moral law, which seems to be too irresistible, coupled with a degree of eloquence that a fellow can hardly see how he can hope to have any success without prescribing this remedy. The writer admits his guilt along with others in the medical profession, of having at times the proprietary habit, yet he wishes it understood that he has been exceedingly slow as well as careful; that he has not been hasty in making friends with every new preparation as soon as placed upon the market. He has a belief that there are enough true, tried and tested agencies in the materia medica to meet all indications in disease; and we should not be too reckless in the idea of abandoning old friends to make new ones. There is no use in denying the fact that during the last decade there have been many valuable and efficient discoveries which have been added to the list of medicines, and, more, there is no use in denying the fact and it would be a crime to ignore it; that the number of synthetics has almost flooded the profession and this deluge is absolutely ridiculous and at the same time inexcusable. The table in the doctor's office is frequently littered and covered with trashy stuff, along with samples of good reliable preparations; with boxes, pills, compressed tablets, soft capsules, celluloid tongue depressors, blotting pads, lead pencils, etc., and every known method has and is employed to divert the mind of the true physician from the righteous path to the path of some proprietary medicine.

It is inexcusable and undeniable that there are in a great many instances doctors, who will not take the time to study out and make a prescription to fit the case, that is elegant and at the same time palatable, when the proprietary is within so easy reach.

This is downright indolence. Then there

is another side to the question of the too free use of the proprietary prescription, which may be selfish, but true. The patient, sooner or later, finds out that you are not giving any of your own preparations, but one that is already prepared, and that there is really nothing to do except go to the druggist and call for it. This the patient does and at the same time the doctors are the losers. Perhaps this might be placing in the front rank the mercenary end of the practice of medicine to the detriment of the higher and more noble purpose that all physicians must have to be true physicians. But it is impossible to separate the commercial and professional in medicine; so it is well enough to look at the dilemma from each horn and, taking hold of each horn, making the best of it. Yet a little further this patient not only procures these remedies for himself but prescribes them for his friends. You not only lose in the one instance, but in countless numbers of others.

There have been so many additions made to the proprietary list that it is impossible to keep tab on them. In this fast age in which we live, of experimentation, research and progress; there has been so much brought forward in the way of synthetic products, that we have valuable agencies added to our list of hobbies that we must draw the line somewhere.

And by way of suggestion, would it not be well for the members of the Arkansas Medical Society to stop this thing of trying every new sample that is left on their tables and writing to every house for samples that sends out calendars, and lead pencils, etc., but use the preparations from no house that has not been passed upon favorably by the Committee on Chemistry and Pharmacology.

An incident occurred in the Secretary's office a few days ago in which a sampler with his ware was singing his song and relating his story, and at a certain point where it was thought he had occupied about time enough, we asked him this question: "Will you please tell us what action the Committee on Chemistry and Pharmacology has taken upon your preparation?" To our great surprise, he told us that the Committee had called him before them personally to answer some questions, and, after discussing his product, he informed the Committee that it would be suicidal for him to divulge what they required. You may well imagine his

chagrin when we informed him that we considered his remedy on the same plane with the so-called patent medicines that grace the shelves of the ordinary corner drug store, and that I would not prescribe it under any circumstances.

The better way for the members of the Arkansas Medical Society, and, in fact, all physicians, for that matter, to do, is to watch the action of our Committee on Chemistry and Pharmacology and use only the remedies that they pass upon favorably. Outside of these make your prescriptions yourself, or from the national formulary.

—X—

OPSONINS AND OPSONIC INDEX.

We do not know whether we have the genuine article this time or not; but one thing is certain, we have a new craze. It will be remembered that the Brown-Sequard medical fad once occupied our time. Now, we have something that seems to be more reasonable. Whether it will work out far more exceeding weight of usefulness remains to be seen. Opsonins is a theory as worked out by Sir Edward Wright, of London, who is the father of the idea. In order that we may have the theory in a concise and terse form, we take the liberty of reprinting from "Practical Medicine," published in Delhi, India, which gives a very clear explanation of the whole subject. One thing sure from a scientific point of view there is no question but that it is quite a medical advancement; yet the stage of experimentation has not gone sufficiently far to justify accurate conclusions, but the results so far are exceedingly brilliant.

We quote:

"It is generally known that the white corpuscles have the power to engulf bacilli which come in contact with the blood, the engulfed bacilli being carried to the liver, where they are probably destroyed. Consequently it was thought that by improving the tone, so to speak, of the white corpuscles the power to resist disease was increased. It has recently been found, however, that the phagocytes only have the power to act on bacilli which have been under the influence of something else. Further, it has been conclusively proved that this "something else" is contained in the serum. The matter which exerts this influence has not been isolated, but for the sake of convenience the name "opsonins" (a word of

Greek derivation meaning feast-providers) has been given to it. On the extent to which these "opsonins" are present in the blood serum depends the power of a person to resist disease. By bringing the serum obtained from the blood of any person in contact with a bacterial culture of known activity the patient's power of resistance to consumption and other diseases can be measured. The figure which denotes this power of resistance is known as the opsonic index; if the opsonic index be subnormal it can be raised, and with it the patient's power of resistance. The method of raising the opsonic index is interesting. Whenever a hostile force—such, for instance, as bacteria—comes in contact with the blood certain bodies which the blood contains at once become active and oppose the invading force. If the bacteria are more powerful than the defending force, the system is naturally subjected to the ravages of the bacteria. It is a curious fact that the defending force is not able to distinguish between active bacteria and dead bacteria, and, consequently, even when dead bacteria come in contact with the blood, the defending force, being deceived, is at once up in arms and active; but in this case the energy is not wasted in fighting, and is available for resisting other attacks. It is by taking advantage of this phenomenon that the opsonic index is raised into the blood of a patient whose index is subnormal; emulsion of tuberculin—in other words, dead tubercle bacilli—is injected, with the result that the opsonins become more active and the power of resistance is raised. The index, however, is not raised immediately; as a matter of fact it falls slightly at first and then begins to rise. After rising to a certain point it becomes stationary, and then another dose of tuberculin is administered."

As one can readily observe, great possibilities are promised by this new method. Practical experiments have demonstrated its great usefulness. A case of lupus, which had resisted the ordinary treatment rays, etc., for some time, was promptly cured by administration of tuberculin at the proper time, obtained through the opsonic index. Acne, septicemia and other conditions have yielded so promptly to treatment with the use of the index as to probably fill the investigators with well nigh hilarious exultation.

The work thus far gives us great encouragement, but it will be some time before it can be used generally.

OUR NEXT MEETING.

The coming meeting of the State Medical Society will no doubt be the largest ever held in the history of the Society. It is expected that between four and five hundred will be with us, and perhaps more. Every indication points to a large increase in attendance. There is an enthusiasm in the State never before known. County Societies in every section are sending in flattering reports; however, the gain in membership has not been as great as is desired.

There will be some questions of material interest to be brought before this meeting, among which the more prominent will be the adoption of the new constitution and by-laws, which will be found in another place in this issue. A copy will be sent to every County Society to be read before the County Society. This is sent a little early in order to avoid being left out, and before the pressure of other duties that will come along later.

Another matter of importance will be the insurance question. Will the State Society adopt the \$5 fee or continue as we are?

How can we increase our membership; shall we have a medical building; shall we have a State liability insurance for our members? are matters that will need attention.

It must not be overlooked that the State Society has passed a resolution conferring a medal upon meritorious prize essays, which are to be based upon investigation and original research work. Who will be the fortunate winner of this prize?

The above with many minor questions will take up considerable time of the House of Delegates, and the meeting will be full of interest. There is no doubt but that it will be the best for the House of Delegates to meet the day before, and also the Council to meet and get through before the general session begins. By doing this there will be no conflict between the General Session and the House of Delegates.

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NEW MEDICAL JOURNAL.

The students of the medical department of Fort Worth University have commenced the publication of a monthly paper, to be known as the *Medical Mirror*, the first issue of which appeared in December. It is to be the official organ of the students.

A MODEL ORGANIZATION.

The Washington County (Pa.) Medical Society.

We have just received from the secretary, Dr. John D. Donaldson, Canonsburg, Pa., the announcement and program, for the year, of the Washington County (Pennsylvania) Medical Society. This admirable organization is a striking proof of the fact that the success of a society depends on the quality of the men who compose it and not on numbers or locality. Although having no large cities or centers of medical activity within its jurisdiction, this society has developed a membership, interest and enthusiasm which would be worthy of any large city. Its meetings are held bimonthly at the Washington County Court House at Canonsburg, in a room which the county has set aside for the use of the society. This room contains the books, records and various properties of the society, as well as portraits of its presidents and prominent members of years gone by. The organization thus possesses the first qualification for stability and permanence; namely, a fixed and recognized home. Its membership comprises practically the entire reputable medical population of the county. Each member receives regularly from the secretary a printed communication containing announcements, programs and items of general interest.

When we examine the program, which has been made up for the coming year, we find that, instead of leaving the work of the society to chance or accident, the entire year's work is provided for, so that there is no conflict or repetition. The program illustrates so many points which should be considered by county secretaries that it is worthy of further comment.

The January meeting is devoted to a consideration of diphtheria. The first paper covers the bacteriology of the disease; the second, the clinical diagnosis. In the third paper, the method of preparation and action of antitoxin is considered, while the fourth and last paper has to do with the prevention of diphtheria and methods of disinfecting. Here we have the cause and the means of recognizing the disease considered; then, since antitoxin is the only rational modern method of treatment, it is fitting that the physician who uses it should know something about its method of preparation. The last paper brings out the pathologic and hygienic

phase of the disease, as well as the duty of the physician to the community.

The March and May meetings are devoted to obstetric questions and so are very properly inaugurated by a paper on the "Anatomy of the Female Pelvis." Then follow articles on "How to Diagnose the Presentation;" "The Diagnosis, Treatment and Prevention of Septic Infection;" "The Use and Abuse of Forceps;" "The Mechanics and Management of a Breech Presentation;" "Placenta Previa;" "Prolapsus Funis;" "Face Presentation" and "Detection and Repair of Lacerations of the Perineum." Every one of these topics is eminently practical, worthy of discussion and of interest to every general practitioner in the society, as well as to the member with a leaning toward specialism. Every one of them could be adequately and interestingly considered by a well educated and well equipped general practitioner.

The fourth meeting is devoted to the eye, ear, throat and nose. The topic is introduced by a paper on "The Anatomy of the Eye," followed by one on practical ophthalmoscopy and one on iritis and glaucoma. "The Anatomy of the Ear, Nose and Throat" is then considered; followed by papers on "Otitis-Media" and "Chronic Rhinitis and Pharyngitis."

The September meeting, the fifth, is devoted to diseases of the stomach. Two papers, one on "The Anatomy of the Stomach" and one on "The Chemistry of Digestion," serve to introduce the topic. Papers on "Hiccoughing and Vomiting;" "Early Symptoms of Cancer" and "Pathology of Ulcer of the Stomach," complete the program.

The last meeting of the year takes up the subject of the liver and gall bladder. After the usual introductory article on the anatomy of the structures under consideration, is a paper on "Drugs that Act on the Liver." A paper on "The Pathology of the Gall Bladder" and one on the Biliary Colic," complete the program.

We have here twenty-nine papers for the year, an average of five papers to a meeting, each considering the subject of the evening from a different point of view, and, together, covering systematically all the essential features. The secretary's report states that there are, at present, 108 members in this county society. If the work is evenly distributed, this would mean that each member would prepare a paper on an average of about

once in four years. In addition to the benefit which he would derive from a carefully prepared paper, presented to his fellow practitioners for criticism and advice, he would also, in this time, hear about 100 papers read and discussed. As the local dues of the society are \$3.00 a year, the total expense of each member for four years would be \$12.00. Could any intelligent physician possibly make a better investment of so small a sum? Can any physician in Washington County who really desires to be of the greatest possible value to himself and his patients, afford to miss any of these meetings? Is there any reason why any ten physicians, of ordinary education, training and experience, practicing in any county in the United States, can not get together six times each year and do similar work if they so desire? What is now actually being done in Washington County can be done in any other county, if the local members of the profession will only make up their minds that they can and will work together in harmony for the benefit of themselves and the community in which they have their homes.—J. A. M. A.

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CONTRACT AND LODGE PRACTICE.

Medical societies are united in declaring themselves as being opposed to contract and lodge practice, and their members are convinced of the perniciousness of such systems of employment. The work savors of the dry goods store's weekly bargain, and the patient is forced into accepting the services of a physician whom he would not employ if his wishes were consulted. Cheap pay, cheap labor, although there is an occasional exception to this rule. But it is the rule and not the exception that must be dealt with in this instance.

The *Ohio State Medical Journal*, in its November 15, 1906, issue, very ably discusses this question editorially. One deplorable effect of this business is the strained relations between the patient and his physician. Patients, left to their unbiased judgment, select the physician of their choice, because they think he can treat them better than any other physician within their reach; consequently he enjoys their fullest confidence. This knowledge is a most decided stimulant to the physician in calling out his best efforts in behalf of the patient. Having this confidence, he knows that his advice will be

heeded and measures for the welfare of the patient will without question be carried out. Between physician and patient there exists a confidence that is of inestimable value to both, for there is nothing that so weakens the efforts of the physician as to feel the lack of this close bond of sympathy.

In the great majority of instances the relation of the lodge or corporation doctor to his patient is only formal and wholly lacking in this mutual confidence. The physician being chosen by the lodge or corporation the patient accepts his service through loyalty to his fraternity or perhaps because he can not help himself, in which case he looks on the doctor as inferior, because he is cheap. Under these circumstances a physician is often continued through a severe sickness in which a life is in the balance when he is absolutely repulsive to the patient. The best results can not follow such conditions.

The *Ohio State Medical Journal* believes that the next serious objection to this class of practice is that an inadequate remuneration is invariably provided by those originating the idea, with the expectation that services can be secured at the stipulated "knock-down" price because most physicians have need of the increase of income. The entire proposition thus fostered is devoid of good business principles. The servant that is but half paid will give poor service. If a railway or other corporation has such financial or other interest in the health of its employes or patron that it assumes the responsibility of professional service, there is no good reason why it should not pay for the same at the price current in that locality.—J. A. M. A.

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DISTRICT MEDICAL SOCIETY.

The Fourth Councilor District Medical Society, composed of the counties of Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Jefferson and Lincoln, met at Monticello. The following members were present: Drs. W. A. Brown, president, Monticello; E. E. Barlow, secretary, Dermott; B. D. Luck, Councilor Fourth District, Pine Bluff; Vernon McCammon, member State Board of Examiners, Arkansas City; W. T. Stanley, Selma; Sidney Harris, Wilmar; J. A. Thompson, Collins; M. Y. Pope, E. R. Cotham; J. R. Tarrant, A. S. J. Collins and G. B. Browne, Monticello; A. A. Hughes, of Wilmar, visitor.

PERSONAL MENTION.

Dr. Inscor, of Ulm, has removed and located in Stuttgart.

Dr. C. C. Price, of Douglas, was a visitor in Pine Bluff recently.

Dr. J. D. Mayes, of Centralia, Mo., will perhaps locate at Ozan.

Dr. Donnell, of Malvern, visited Little Rock since our last issue.

Dr. J. V. Bonnette, of Montrose, visited Little Rock a few days ago..

Dr. B. A. Hall, of Pine Bluff, paid Little Rock a visit during January.

Dr. L. H. Hall, of Pocohontas, paid Little Rock a visit a few days ago.

Dr. and Mrs. D. C. Carroll, of Tillar, Ark., visited Little Rock recently.

Dr. R. H. Hodges and family, of Sulphur Rock, have removed to Ozan.

Dr. Z. Orto, of Pine Bluff, passed through Little Rock recently on his way to Seattle.

Dr. E. E. Barlow, of Dermott, paid the Secretary a pleasant visit a few days ago.

Dr. R. C. Thompson and wife, of Pine Bluff, visited Little Rock since our last.

Dr. W. S. May, eye, nose and throat specialist, now occupies rooms at 219½ Main street.

Dr. C. P. Meriwether has removed his office from 418 West Second street to Room 314 Reigler Building.

Dr. L. A. Cook, Secretary of the Jackson County Medical Society, visited the Secretary on the 29th of January.

Dr. J. M. Keller, of Hot Springs, appeared before the Legislative Committee in behalf of legislation in regard to the Amis bill.

Dr. and Mrs. Owen G. Blackwell, of Pine Bluff, have gone to New York City, where they will remain for some time. They intend visiting Europe before their return to Arkansas.

Dr. G. M. D. Cantrell, Little Rock, reports as a result of his recent short hunting trip: 112 quail, 8 deer, 2 rabbits, and no bear. He declines to divulge the location of this chosen spot where game is so plentiful.

Dr. W. S. May, of this city, recently underwent an operation for appendicitis. He has fully recovered and is able to be in his office.

Dr. G. W. Ringgold has recently removed from Little Rock to Morrilton, where he will practice his profession. The Journal follows you, Doctor.

Dr. L. H. Morphew, of Stuttgart, accompanied the Shriners who went down to Mexico to initiate President Diaz. He has just recently returned.

Dr. R. J. Steele has removed from Clinton to Morrilton, where he has opened an office. Our mailing list for the Journal will be corrected accordingly.

Dr. W. R. Haynie, representative from Lee County, and chairman of the Committee on Practice of Medicine, visited the Secretary recently.

Dr. W. C. Dunaway, who has been rusticated on a farm, has returned to Little Rock and resumed the practice of medicine. The doctor informs us that they put him to work picking cotton on his plantation and kept him at it for about three months and then *refused to pay him!* Whereupon he quit; and without money he "hoofed it" to Little Rock. We know that the Doctor is a better physician than a cotton picker and we trust that his collections will be better along professional lines than as a farm hand. However, his many medical friends extend to him the glad hand of welcome.

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DIED.

Dr. John Batemen Deere, a student at the College of Physicians and Surgeons for the past three months, died at his home at 1622 Lincoln avenue, in this city. He had been making his home in this city, together with his wife, while he attended school here. He was 39 years old and leaves a wife, one brother, Thomas Deere, a druggist, who lives at Leola, and a sister, Mrs. Dovie Wood, of Arkadelphia. He was born in Grant County, January 9, 1868, and was the son of Leonard and Katherina Deere. He had been a practicing physician at Lenoche before coming to this city. He was a member of Ivy Camp No. 369, Woodmen of the World.—*Arkansas Gazette.*

DR. W. H. PEARCE DIES FROM INJURIES.

Dr. W. H. Pearce, aged 91, a wealthy retired physician and pioneer resident of Eureka Springs died January 23 as the result of injuries received in the wreck of a car on the Citizens' electric line January 22.

Dr. R. V. Pearce, of Howard, a son of the deceased, arrived and accompanied the remains to the old home at Tuscola, Ill., where interment was made in a vault built for the deceased by himself years ago.

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DIED.

Dr. B. W. Corn died at Lonoke February 6. He was one of the oldest citizens of Lonoke County, having lived there for the past twenty years, coming originally from Austin. He died on his 84th birthday. He leaves three sons, Dr. J. S. Corn of Nashville, Dr. F. A. Corn and W. L. Corn of Lonoke. He was a prominent member of the Arkansas Medical Society many years ago, and was well known throughout the State.

Dr. S. J. Montgomery died at his home in Morrilton, Sunday afternoon February 4. He had been in ill-health for several years, but was able to practice at intervals.

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DR. YOUNG FINED.

Dr. J. M. Young was fined recently in the Police Court for having failed to comply with the city ordinance which requires physicians to file a record of births. The fine imposed was \$5. The police say this ordinance is one of the hardest to enforce for the reason that it is a difficult matter to secure definite evidence of alleged violations.

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DR. RIDER CONVICTED ON DRUMMING CHARGE.

Judge Bentz of the Hot Springs Police Court rendered his decision in the case of the City vs. Dr. Thomas B. Rider for alleged violation of the drumming ordinance. The court fixed the fine at \$150 and also revoked the license of Dr. Rider to practice medicine in Hot Springs. In rendering his decision the court said, in part:

"It is not the intention of the court to review the testimony given, except to say the evidence of the prosecuting witness was plain and concise. It was thoroughly corrob-

orated by the second witness, Herman Beck; this, again, was corroborated by the defendant's own witness, who as much as admitted after he had gotten through with his patients he turned them loose and that anybody might have them."

The decision was greeted with applause by those present in the court room, including about a dozen well-known physicians. The defendant was not present, but his attorney gave notice of an appeal and filed the usual bond.

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ARKANSAS DOCTORS IN NEW ORLEANS.

The following doctors from Arkansas are doing post-graduate work at the New Orleans Polyclinic, which is now the Post-Graduate Department of Tulane Medical College: Dr. W. M. Gallaher, Foreman; Dr. W. L. Shirey, Foreman; Dr. W. L. Kitchens, Stamps; Dr. J. D. Dudley, Carlisle; Dr. Luke Parker, De Vall's Bluff; Dr. J. S. Kolb, Clarksville; Dr. A. S. J. Collins, Monticello.

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LITERARY NOTE.

Timeliness of interest, aside from any other condition, lends especial importance to the announcement of the early publication of *Foods and Their Adulterations*, by Harvey W. Wiley, M. D., to be immediately followed by a companion volume, *Beverages and Their Adulterations*. Dr. Wiley is Chief Chemist to the United States Department of Agriculture, at Washington, and his wide researches in the interests of purity in food commodities give anything he might write on the subject an authoritativeness that is unquestioned. The fact that the new National Food and Drugs Law becomes effective after January 1st, and that public interest in it is now at white heat, will no doubt result in quite a demand for both volumes. The books will be generously illustrated from original photographs and drawings.

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THE DELGADO MEMORIAL.

Mr. Isaac Delgado has given \$180,000 to the Charity Hospital, New Orleans, for the erection of the Delgado Memorial, a building to be devoted to the treatment of chronic and incurable diseases. This is in addition to the \$20,000 already given the hospital by the late Mrs. Samuel Delgado.

"SAY, DOC, WHAT'S MY BILL?"

Have you ever been stopped on a hurry-up call
By the wave of a hand or a deafening squall,
And a, "Doc who's sick? Do you think he'll
pull through?
What's ailin' Miss Johnson? I hear she's sick
too."

"And I heard at the lodge that Miss Smith is
not well.
'Twas whispered she had a 'mishap' or such
spell.
Now tell me the truth, Doc, you know I'll not
'blow,'
What was the matter with old lady Stowe?"

"Did John have the measles or just plain rash?
Was Bill salivated, or was it the 'thrash'?
Around at your office I often see Jim;
What in the world is the matter with him?"

We all hear these questions and often they
strike
To wrath the saint and the sinner alike;
And we'd just like a kick at the questioning
scamp,
And send him to a climate that never gets
damp.

But there is one question that never gets old;
A question when asked full of joy fills my soul.
A question that gives to my heart a glad thrill;
How often you've heard it "Say, Doc, what's
my bill?"

The praise I receive when a patient survives,
(Sometimes quite deserved and sometimes
otherwise)
It gladdens my heart; let it count what it will,
I'd much rather hear that "Say, Doc, what's
my bill?"

"Say, Doc, what's my bill?" as he opens his
purse
And produces a ten or a twenty or worse.
A great thing is praise, but far greater still
Is the cash that comes after "SAY, DOC,
WHAT'S MY BILL?"

—Dr. A. Dudley Bunn,
Humphrey, Ark.

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**HOME FOR THE ST. LOUIS MEDICAL
SOCIETY.**

On September 15 the St. Louis Medical Society dedicated and occupied its new building, adjoining the St. Louis Medical Library Association Building. For almost seventy years the St. Louis Medical Society has existed without a home of its own. For many years meetings were held in the rooms of the Board of Education, but new quarters in a more convenient location in the central part of the city stimulated a greater attendance and excited more interest in the work of the society. The convenience of the new quarters

greatly exceeded their adaptability and, therefore, rooms were secured in the Medical Library Association Building. It soon became evident that these small, unsuitable rooms were inadequate to accommodate the attendance, and the society, convinced that it was large enough and old enough and powerful enough to own its own home, decided to erect a building of its own.

The building is constructed in amphitheater form, with comfortable seats arranged in circular rows, centering on the presiding officer's rostrum. It is well lighted and handsomely furnished, with adequate facilities for ventilating and heating. It has a seating capacity of 175, which can be doubled, if necessary, for special occasions. For the last ten years the society has shown evidences of new life, but its prospects have never been brighter than at present. The membership is increasing at an unprecedented rate; the character of the scientific work of the members is on a constantly rising plane; enthusiasm, vigor and optimism prevail and members are working disinterestedly for the good of the whole society. Under the influence of the new home, with a larger membership, with earnest work and complete harmony, the present happy condition is but an index of what we may expect from the St. Louis Medical Society. The program committee has on hand scientific material for eight of the fifteen remaining meetings in the year and it promises the members a series of happy meetings with papers and discussions of a high order.—*Journal of the Missouri State Medical Association*, September, 1906.

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AGED PROFESSORS.

The University of Vienna will in a short time lose four of its professors in consequence of the old regulation requiring that all professors and clinical teachers shall retire from their posts on reaching the age of seventy years. One of these professors, Professor Adam Pollitzer, will take advantage of the "bonification" permitted by law, which entitles the professor for one year more, the so-called "honorary year," after his seventieth birthday. The other teachers are Professor Stofella d'alta Rupe, Professor Winternitz, the Nestor of modern hydrotherapists, and Professor Benedickt, well known for his treatise on diseases of the nerves.—*Medical Bulletin*.

SOCIETY RESOLUTIONS ON INSURANCE FEES.

In addition to the societies noted in previous numbers of *The Journal*, the following societies have adopted resolutions in favor of the maintenance of a \$5 fee for insurance company examinations:

- Center County (Ky.) Medical Society.
- Red River (Texas) Medical Society.
- Aberdeen District (S. D.) Medical Society.
- Smith County (Tenn.) Medical Society.
- Clarendon County (S. C.) Medical Association.
- Monterey County (Cal.) Medical Society.
- West Virginia State Medical Association.
- Schoolcraft County (Mich.) Medical Society.
- Flathead County (Mont.) Medical Society.
- Dade County (Fla.) Medical Society.
- Auglaise County (Ohio) Medical Society.
- Franklin County (Pa.) Medical Society.
- Randolph County (Ark.) Medical Society.
- Marin County (Cal.) Medical Society.
- Clarksdale and Six Counties Medical Society.
- Beaverhead County (Mont.) Medical Society.
- Las Vegas (N. M.) Medical Society.
- Lenoir County (N. C.) Medical Society.
- Central Willamette (Ore.) Medical Association.
- Platte County (Mo.) Medical Society.
- Laflore County (Miss.) Medical Society.
- Whiteside County (Ill.) Medical Society.
- Green County (Ala.) Medical Society.
- Etowah County (Ala.) Medical Society.
- Clark County (Ga.) Medical Society.
- Monroe County (Ark.) Medical Society.
- Kent County (R. I.) Medical Society.
- Medical and Surgical Society of North Aroostook, Maine.

The following resolutions have been adopted by the Alleghany County (Pa.) Medical Society:

WHEREAS, Many of the life insurance companies have notified their medical examiners of the reduction of the examining fee from \$5 to \$3;

WHEREAS, We, as physicians, realizing the responsibility incident to proper examina-

tions, believe such reduction to be unjust; therefore, be it

Resolved, That the Alleghany County Medical Society does hereby declare such reduction to be unjust and respectfully requests that the members of this society do not accept such reduction of fee; and, further, be it

Resolved, That it is the sense of this Society that hereafter for each examination in which any analysis of the urine is required the minimum fee should be \$5.—J. A. M. A.

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THE FIRST PAPER.

The Secretary is in receipt of a letter from Dr. John A. Wyeth, in which he has promised to read a paper on "Organization in Medicine; Its Value to the Public and the Profession." The Secretary has received three letters from Dr. Wyeth, in which he gives assurance that it will be his pleasure to be with us at this time. The medical profession of Arkansas will greet this eminent surgeon with open arms and will accord him every possible courtesy due one who has attained to such prominence in the profession. Dr. Wyeth's visit to Arkansas will be his first for a number of years. He has promised heretofore to be with us, but circumstances over which he had no control prevented. It is with pleasure that Dr. Wyeth will be given a place on the program for our next meeting, and we trust that every doctor in Arkansas and admirer of this great and good man, will make it a point to hear this paper on medical organization; because he is sure to say something that will carry with it inspiration and enthusiasm; and, coming, from one so high in authority, will mean much and have great weight. Every physician in Arkansas awaits with great interest the coming of our distinguished visitor.

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NEW POSTGRADUATE SCHOOL.

The Brooklyn Postgraduate Medical School has been organized with the following officers: Dr. William E. Butler, president; Dr. Lefferts A. McClelland, secretary, and Dr. G. Morgan Muren, vice-president. The school is located at Bedford avenue and South Third street, Brooklyn, has connected with it the Williamsburg Hospital, and offers clinical facilities at all the other hospitals of the city.

DR. J. N. McCORMACK'S ITINERARY.

Dr. J. N. McCormack, Chairman of Committee on Medical Organization, A. M. A., will visit the following points in the State, at the places and on the dates given. The afternoons will be devoted to a discussion by Dr. McCormack, for the physicians, and the evenings will be for the public. It is absolutely necessary that Councilors, Presidents, Secretaries of all Societies, with the other officers, go to work and leave nothing undone that would make the meetings successful. The President of the County Society, and Secretary of same in the places where the meetings are to be held must see to it, that meeting places are procured. Councilors should write to every Secretary of the District Society urging them to attend these meetings, while the Secretary of each County Society should write to every doctor in the county to attend. Get the non-members to attend, as they are the fellows that we are after. The idea is to increase the membership of your County Society. We want three or four hundred new members. Think of it: Something like four thousand physicians in Arkansas, and hardly one-fourth members of the State Society. Let's up and be doing. These doctors who can be members are better off on the inside of the Society than on the outside, and so are the members. They can help us, and we can be a blessing to them. The Secretary of the State Society will send a communication to each member, and this with one from the Councilors, and the County Secretary, will be productive of results. These meetings must be advertised through the local papers, in order that they may be more effectual, and it will devolve upon the County Presidents and Secretaries, to see that this is done.

The expenses of this trip is borne by the American Medical Association, and if they cost nothing to the local membership should we not give the doctor a large attendance in return? This is all he asks, and he informs your State Secretary that he will make it worth a month's practice for your attendance, while in the evening he wants you to give him a big public gathering. Invite your friends to attend at the night meeting. Ladies particularly invited.

Dr. McCormack is too well known to require any outline of the work he proposes doing. The papers from Alabama, Georgia, Illinois, and New Jersey, have devoted

columns to the write-ups" of his meetings. Let all do their duty.

The places and dates are as follows, in the order named:

Third Councilor District—Brinkley, March 11th.

First Councilor District—Walnut Ridge, March 12th.

Second Councilor District—Searcy, March 13th.

Eighth Councilor District—Little Rock, March 14th.

Seventh Councilor District—Hot Springs, March 15th. (Remain in Hot Springs until Monday, March 18th.)

Sixth Councilor District—Texarkana, March 18th.

Fourth Councilor District—Pine Bluff, March 19th.

Tenth Councilor District—Fort Smith, March 20th.

Ninth Councilor District—Eureka Springs, March 21st.

No meeting could be arranged for the Fifth District.

This itinerary was arranged by the Councilors in session in Little Rock, February 6th, and we trust is satisfactory. If the date and place is not just what you would like, remember your Councilors acted as they thought best. So go to work and make these meetings successful. Let your "slogan" be "More members, better work."

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ANOTHER CLEAN NEWSPAPER.

The Washington *Herald* is a new daily newspaper in Washington, D. C., having been in existence only about three months, but already it has a sworn circulation of over 30,000 copies. So far, this is not an important item, but when we state that it is one of the newspapers that has come out boldly for clean advertising and against "patent-medicine" ads, it is different. Quoting from the copy before us, the *Herald* says that it proposes to be "clean in its advertising columns, as well as its news. It has rejected unclean advertising from the first issue. It wants business, but only clean business." There are now some forty or fifty newspapers which refuse to carry any kind of "patent-medicine" advertisements, and it is encouraging to note that the number is increasing.

PATENT MEDICINE SITUATION IN ARKANSAS.

The patent medicine fight so-called, (or nostrum business would be a better term) has reached the acute stage in Arkansas. The times are ripe, the conditions are favorable for legislation against the nostrum maker and his concurrent fraud. To this the medical profession of the State says amen. As an evidence of this fact, quite a number of bills have been introduced spontaneously in the Senate and House of Representatives now in session, at this writing, by various members who desire to see some change made and who desire to see the batteries of the frauds unmasked and desire that the fraudulent nostrum maker shall come from under cover and let the world know whether he has a fake or whether he has something genuine. This rule may be laid down as inflexible and will admit of no other construction, that where a man has anything of a meritorious nature he is not ashamed of it. On the other hand, if he has a fraud he makes every effort to conceal it. This being the case, then why should the patent medicine man hesitate to disclose the ingredients that his compound contains?

In another place in this issue will be found the joint bill as introduced by the committee on Medical Legislation of the Arkansas Medical Society and the Arkansas State Pharmaceutical Association. This bill stipulates that the ingredients shall be published. Now, let's ask in all candor this question of the druggists, of the physician and the manufacturer, "What has old Dr. Pitcher's Castoria ever suffered by having the formula printed on the label?" "Can any one inform us as to whether Ayer's Cherry Pectoral has lost out since they began to publish the formula on the label?" If we grant that these two preparations have merit and have maintained a reasonable sale, why should others not do the same thing?

Since the introduction of this bill a howl has gone up from the camps of the frauds; emissaries are on the ground in force. They allege that this is the effort of the ignorant country doctor; that it is the machinations of a combine pure and simple.

Reformation in the nostrum business is the slogan. The reformation wave in the nostrum business is steadily creeping over the United States and it is only a question of time when all States will require that the

ingredients, at least, shall be shown on the labels. True, the Pure Food Law is good so far as it goes; but it specifies only eleven articles from the long list of drugs. These are the habit forming drugs as follows.

Alcohol, Morphine, Opium, Cocaine, Heroin, Chloroform, Alpha and Beta Eucaïne, Cannibis Indica, Chloral Hydrate, Acetanilid. or any derivatives. This being the case, where is the protection from the nostrums with which the market is flooded in which none of these drugs enter into their composition?

For instance, the fraud, Liquozone, is blatantly advertised as gas liquefied by pressure, when it is really only sulphurous and sulphuric acid with water. The public has no protection under the Pure Food Law from this and similar nostrums. This is why every State is in need of a law compelling these fellows to come from under cover and place the names of their ingredients on their bottle. Our joint bill protects all against imitations sold under any name, and at the same time does not compel manufacturers to give quantities.

Later.

The Committees from the Senate and the House of Representatives met in joint session Wednesday, the 6th, in order that the contention of the druggists' might be heard against the bill, and at the same time hear the physicians in reply. The pharmacists were represented by Mr. D. H. Cantrell, an attorney, while the physicians were represented by Dr. O. L. Williamson, of Marianna.

We can conscientiously say that we expected to hear a better presentation from the drug men, and felt disappointed that their side of the question was so weak; but that was to be supposed, as they are on the wrong side. We mean that they do not recognize the cardinal virtues of the proposed legislation. They seem to only see disaster and dismay to the drug trade of the State if the bill is passed; while the truth of the matter is, it will mean that only the frauds will be rooted out. Mr. Cantrell did the best that he could under the circumstances, and was more than met in every point by Dr. Williamson, who covered himself with credit for the masterful manner in which he answered every question, as well as argument.

We certainly hope that the druggists will look at the matter as the physicians intended,

i. e., that we mean to harm no one, but on the other hand want and desire to work in harmony.

—
Later.

The House Committee has recommended the passage of the bill.

—X—
HOW DOES THIS SOUND?

This paragraph is taken from a letter written by a member of the Arkansas Medical Society, who stands at the very top; and who is at present occupying a position of trust in the Society. This is sufficient to indicate that the Society thinks well enough of him to honor him with a position. Listen to what he says:

"There is another matter which I hope you can arrange for, and if I can be of any service to you I will gladly do so. I think at the entertainment intended to be given at our next medical meeting, whatever that entertainment may be, no intoxicants should be served.

"I believe that the younger members of our Society who attend these meetings should be taught that the true physician, above all other men, ought to be temperate; and I believe that the majority of our members all over the State hold this same view. I hope you will pardon me for writing of this; but I am sure you feel as I do."

This is good gospel and what your Secretary has been preaching. Ever since he passed into office, he has contended that the money spent upon what we drink should be used for the entertainment of our lady visitors and members. Aside from this, is it best to have a banquet and serve wines and some members imbibe a little too freely and become hilarious; or is it best to let every one go home sober? There can be but one answer to this question. It makes no difference what those who are in the habit of imbibing may say, deep down in their hearts they know that this is true. They know that the Scriptural injunction, "Touch not, taste not, handle not" is applicable and is as true today as when uttered. We trust that we shall see the day come when our State Medical Society, one that has more dignity than any other profession, more honor than any other profession, one that attempts more than any other profession, one that knows more than

any other profession, and one that stands on a plane above every other, save the theological, can have an entertainment and banquet where they will not be ashamed to have their ladies accompany them, and one that will be in keeping with that dignity that a great profession should carry with them at all times.

—X—
PAPERS FOR STATE SOCIETY.

The time is now fast approaching when the program for the next State Society meeting will have to be made. The Secretaries of the various Sections from now on will have to solicit papers from members of the Society. We bespeak a kind word for the overworked Secretary in any capacity. Don't wait for him to write to you and urge you to send in the title of your paper; and, then, at the eleventh hour send it in and expect to be placed on the printed program. After you know that you desire to read a paper, why not send in the title of the same to the Secretary at once; so that when the program is full, there remains only for the Secretary to let the contract for printing the program, and let it be ready in time. Please attend to this at once. Look at the roster of officers (it is in the back part of the Journal), find out who the Secretary of a given section is, and if your paper is to be read before that section, write to the Secretary at once, and let him have the title of your paper.

—X—
DR. O. M. HAMMETT, SERIOUSLY WOUNDED.

Paragould, Jan. 29.—O. N. Hammett, a young physician of this county, shot his arm off while bird hunting today. He was brought to the Paragould hospital, where his arm was amputated, near the shoulder. The operation was not satisfactory and Dr. Hammett is in a precarious condition. Dr. Hammett is married and has three children. He is a brother of Dr. J. F. Hammett, of Little Rock.

—X—
ENDORSED BY COMMITTEE.

Dr. H. L. Throgmorton, whose nomination as postmaster at Pochontas was sent to the Senate by the president, was endorsed by the Republican State Central Committee several weeks ago. The case was taken up by Capt. F. W. Tucker, chairman of the committee.

MISSISSIPPI COUNTY MEDICAL SOCIETY.

Dear Doctor:

The January meeting of the Mississippi County Medical Society will be held at Wilson on Tuesday, the 15th inst., at 10 a. m.

After the business meeting the Scientific program will be as follows:

1. Paper—"The Tonic Action of Digitalis," Dr. Finley Ribinson.

2. Paper—"Diphtheria," Dr. P. P. Ferguson.

3. Paper—"Malarial Haematuria or Haemaglobinuria" (by request), Dr. T. G. Brewer.

Now, Doctor, this notice of the meeting is sent to every physician in the county, whether members of the Society or not, with the urgent solicitation that they meet with us and become interested in the work we are trying to do, which is of so much importance to us as a profession and as individual citizens. We earnestly hope that the members will be present, and that you will do your best to influence those who have not yet joined to do so at this meeting. There are matters of importance in the way of legislation that are to come up at the forthcoming session of the General Assembly, in which we are vitally interested, and our influence should be felt, but can only be by concerted action. "United, we stand; divided, we fall." Are the physicians of Mississippi County less representative than those of other counties, are they inferior as to ability, or less cognizant of their rights, and unmindful of their duties and responsibilities? These questions, gentlemen, you will answer so far as the public is concerned, by the interest you show, and effort you make to add your might and influence to the great work the profession is now engaged in.

Fraternally, etc.,

THOS. G. BREWER,
Secretary.

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BENTON COUNTY MEDICAL SOCIETY.

"The following resolution was adopted by the Benton County Medical Society of Arkansas, December 11, 1906:

"To the Senate and House of Representatives of the State of Arkansas.

"Resolved, That we the Benton County Medical Society ask that the following legislation be enacted, to-wit:

"That the following words, 'In any city or

incorporated town,' in Sec. 5273, of Kirby's Digest of the statutes of Arkansas be omitted so that the section when amended shall read as follows: 'It shall be unlawful for any person now a registered pharmacist, within the meaning of this act, to conduct any drug store, pharmacy or apothecary shop, or store, for the purpose of retailing, compounding or dispensing medicines in the State of Arkansas except as hereinafter provided,' etc.

"Also that an act shall be passed to regulate the sale of so-called 'Proprietary Medicines,' Pharmaceuticals, Compounds, etc., that the formula shall be plainly printed on each and every package of the same.

"Also that an act shall be passed requiring its keeping of vital statistics in Arkansas and Secretary instructed to mail a copy to each Arkansas Medical Journal, also to representatives and senator from Benton County."

Let every County Society in the State do likewise. Such work as the above will be productive of results. The Benton County Medical Society is to be commended for passing the above resolutions, but don't stop at sending them out to your representatives. Let each member see them personally and follow this up with an occasional reminder. If every member of the Arkansas Medical Society will do this, we can get what we ask.

Gentry, Ark., January 1, 1907.

Secretary and Treasurer's Report of the Benton County Medical Society for the year 1906:

Receipts.

Cash in treasury at beginning of.....	
year	\$ 3.60
Annual dues collected	\$9.00
Back dues collected	6.50
Fines collected	2.50
Total amount	\$101.60

Disbursements.

Paid State dues	\$ 56.00
Paid for doctors' banquet.....	17.00
Paid for stamps, cards and printing	7.00
Total amount	\$ 80.00
Balance in treasury	21.60
Total amount	\$101.60
Five new members added—Drs. Furgus,	

Whitcomb, Gill, Ragan, and Cowger.

Three members dimitted out—Drs. Buckley, Gill and Smiley.

Two members died—Drs. Robinson and Bills.

Leaving twenty-seven paid-up members.

This Society held ten meetings; average attendance $12\frac{1}{2}$; eight papers read, fifteen patients presented; thirty cases reported; twenty-five visiting physicians present; interest good.

You will please note the change since the election in the officers of the Benton County Medical Society:

President, Dr. H. E. Thomason, Siloam Springs, Ark.

Vice-President, Dr. J. H. Lindsey, Bentonville, Ark.

Secretary and Treasurer, Dr. C. A. Rice, Gentry, Ark.

—X—

SEVIER COUNTY MEDICAL SOCIETY.

I send you a report of the Sevier County Medical Society of last month, which I erred in directing to you and was sent back.

I also send report of our last meeting, as follows:

Sevier County Medical Society met at Horatio January 14, 1907, at 10 o'clock a. m. Present, Dr. R. F. Johnson, president, with Members J. I. S. Driver, R. L. Hopkins, F. T. Isbell, G. S. Henry, E. W. Hopson, G. L. Dickerson, P. H. Philips, D. A. Maxwell, E. D. Smith, B. E. Hendrix, and W. S. Lindsey.

The following papers were read and discussed:

Dr. E. D. Smith read a paper on "Broncho-Pneumonia in Children;" Dr. B. E. Hendrix reported a case of Malarial Haematuria, and Dr. G. L. Dickerson read a paper on "Malarial Fevers."

Drs. P. H. Philips and R. L. Hopkins joined the Society.

A splendid dinner was served at the Milwee Hotel, given by the Horatio doctors.

The Society adjourned to meet at De Queen February 12th, at 3 p. m.

De Queen, Ark., December 14, 1907.

Dr. C. C. Stephenson, Little Rock, Ark.

DEAR DOCTOR: The Sevier County Medical Society met at Lockesburg, Ark., Dec. 11, 1906, at 10:30 a. m. The following doctors were present:

R. F. Johnson, president; E. D. Smith,

F. L. Riser, G. L. Dickerson, D. A. Maxwell, F. T. Isbell, W. E. Hopson, E. E. Whittaker, M. L. Norwood, J. I. S. Driver, C. E. Kitchens, and W. S. Lindsey.

Dr. Riser read a paper on the "Diagnosis of Lobar Pneumonia," and Dr. Isbell on the treatment of the same. Both papers were discussed freely by the Society.

Drs. Whittaker and Kitchen were elected to membership in the Society.

Dr. O. O. Hammonds, one of the leading physicians of De Queen, was married to Miss Mamie Scott, of Ultima Thule, December 12, 1906. Miss Scott is a daughter of Geo. T. Scott, and is one of the most accomplished young ladies in the State.

Yours truly,

W. S. LINDSEY,
Secretary.

—X—

DREW COUNTY MEDICAL SOCIETY.

Dr. C. C. Stephenson, Little Rock, Ark.

DEAR DOCTOR: The Drew County Medical Society convened on December 19th, this being the regular annual meeting. After regular routine business the Society proceeded to the election of officers for the ensuing year, as follows:

Dr. W. A. Brown, president, Monticello.

Dr. Sidney Harris, vice-president, Wilmar.

Dr. A. S. J. Collins, secretary and treasurer, Monticello.

Dr. J. R. Tarrant, censor, Monticello.

Drs. Sidney Harris, of Wilmar, G. B. Browne, and S. O. Kimbro, of Monticello, were elected members of the Society.

Adjourned to meet the first Tuesday in March, 1907.

A. J. S. COLLINS,
Secretary.

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PROFESSOR KEEN RESIGNS.

Dr. William W. Keen has resigned as professor of surgery in Jefferson Medical College, with which institution he has been connected for 27 years. The trustees have elected him professor emeritus of surgery and he is going abroad in March for a vacation and rest of about a year. For 13 years Dr. Keen was professor of artistic anatomy at the Academy of Fine Arts, and for seven years professor of surgery at the Woman's Medical College. He is also on the staffs of many hospitals as consulting surgeon.

THE STATE MEDICAL BOARD OF THE ARKANSAS MEDICAL SOCIETY.

Brinkley, Ark., January 25, 1907

Dr. C. C. Stephenson, Little Rock, Ark.

DEAR DOCTOR: In reply to your request of recent date, I am herewith enclosing list of questions used by our Board at last examination. Also names of successful candidates. Thirty-three of the fifty applicants failed to pass the Board.

Yours truly,

F. T. MURPHY,
Secretary.

Below is a list of successful candidates at January meeting:

Antoine, Geo. W. (c), Prescott, Ark.
Browne, G. B., Monticello, Ark.
Brown, D. E., Memphis, Tenn.
Cooper, Burpee, Little Rock, Ark.
Cook, J. W., Meridian, Miss.
Hartzfield, J. L. (c), Brinkley, Ark.
Henderson, T. W., Memphis, Tenn.
George, L. J., Memphis, Tenn.
George, C. E., Little Rock, Ark.
McDonald, J. W., Little Rock, Ark.
Ozenne, G. A., Morgan City, La.
Price, W. F., Nashville, Tenn.
Rizer, T. C., Little Rock, Ark.
Smith, J. W., Hot Springs, Ark.
Turner, H. A. (c), Camden, Ark.
Wills, Wm. J., Bonanza, Ark.
Hunn, Jno. Thomas, Harrisburg, Ark.

SURGERY—Dr. Love, Dardanelle, January 8, 1907.

1. Name the three sources of hemorrhage and give best method of controlling each.
2. Describe the lesions, diagnosis, treatment and prognosis of Pott's Fracture.
3. Mention the clinical differences between benign and malignant tumors.
4. Define synovitis and give treatment.
5. Give diagnosis and treatment of compression of the brain.

PHYSIOLOGY—Dr. Poynor, Green Forest, January 8, 1907.

1. Name the constituents of the blood.
2. Name the structures concerned in the circulation of the blood.

3. What is the normal rate of respiration?

4. Define the dicrotic pulse.

5. Name the glands that aid in digestion, and secretion of each.

6. What functions has the bile?

7. Describe the structure of the skin.

8. How is the temperature regulated in the body?

9. The injury of what brain center produces aphasia?

10. How is the absorption of the digested food accomplished?

OBSTETRICS—Dr. Harrison, Jonesboro, January 8, 1907.

1. Define Involution? Define subinvolution.

2. Define Cystocele. How may it effect labor?

3. What are the principal points of difference between the virginal uterus and uterus after parturition?

4. Trace the foetal circulation.

5. What is the circumference of the normal head at birth?

6. Give four indications for the use of the obstetric forceps?

7. How long after delivery of the child before you should deliver the placenta and why?

8. What is the normal respiratory rate and pulse rate of the new-born?

9. Define mastitis neonatorum. Define Ophthalmia neonatorum.

10. Give treatment of hemorrhage from the cord of umbilicus in the infant.

ANATOMY—Dr. V. MacCammon, Arkansas City, January 8, 1907.

1. Name the fluids of body that are intended for its nutrition.

2. Describe a white blood corpuscle.

3. At what time in the development of the fetus is the mammary gland formed?

4. Describe the inferior maxillary bone.

5. Name the bones of the Tarsus.

6. What movements are found in Condylloid articulations?

7. Name the muscles of the Infra-Hyoid region.

8. Name the branches of the Popliteal artery.

9. Name the branches of the Ophthalmic nerve.

10. Describe the glands of Bartholin.

PRACTICE—Dr. Norwood, Lockesburg, January 8, 1907.

1. Give period of incubation and one common complication or sequela that may occur in each of the following diseases:

Scarlatina;
Rubeola;
Pertussis;
Epidemic parotitis;
Varicella;
Variola;
Diphtheria.

2. Where does the effusion of serum first appear in Nephritis? In Cirrhosis of Liver? In Caridac Disease?

3. Describe a case of remittent malarial fever and give treatment.

4. Give Physical Diagnosis of a typical case of Lobar Pneumonia. What is the pathognomonic sign?

5. Give Diagnosis and Treatment of Cherea.

6. Does Typhoid ever occur in children under two years of age? If so, about what per cent?

7. To what three diseases are patients suffering with Diabetes predisposed?

8. Give diagnosis and treatment of Follicular Tonsilitis. Is it possible to gargle a liquid so it will come in contact with tonsil?

9. What do you understand by specific? Mention four diseases which are said to have specific remedies.

MATERIA MEDICA AND THERA PEUTICS—Dr. Murphy, Brinkley, January 8, 1907.

1. What is meant by the Physiological and Therapuetics action of a drug?

2. What is the Therapuetic action of Creosote; mode of administration and dose?

3. What is meant by the Endermic, Hypodermic, and Enepidermic administration of a remedy?

4. What is the dose of Iodoform when administered internally, and in what condition would you so administer it?

5. What two remedies are especially indicated in Chronic Lead Poisoning? Describe the action in said condition.

6. In making differential diagnosis between

- a. Opium Poisoning;
- b. Intoxication;
- c. Apoplexy,

name one important symptom you would expect to find in each.

7. Name four contra indications for general anesthesia, and state which of the four named you would consider the most important.

8. What would be the general condition of a patient suffering from Chronic alcoholism?

9. Write a complete prescription and state in what condition it would be applicable.

10. How is the action of Opium modified by

- a. Age?
- b. Sex?
- c. Idiosyncrasy?
- d. Habit?

CHEMISTRY—Dr. Meek, Camden, January 8, 1907.

1. What reaction takes place when Bichloride Mercury and Iodide Potassium are mixed in solution?

2. When Fehling's solution is boiled and Diabetic Urine is added to same, what kind of precipitate is thrown down?—that is the color and chemical nature of precipitate?

3. How is "Black Wash" made?—that is, what chemicals are required to make it, and what reaction takes place between the chemicals used?

4. Give method of testing for Albumen in Urine with Nitric Acid, and, also, what other ingredient in Urine may make the same appearance that Albumen gives? Also how to distinguish Albumen from other precipitates?

5. What is the Specific Gravity of Normal Urine?—that is, approximate Specific Gravity?

6. Is Diabetic Urine of higher or lower Specific Gravity, as a rule, than Normal Urine?

7. What is the difference between Urea and Uric Acid?

8. What is the difference in effect on the human organism between and excess of Uric Acid retained in the blood, and an excess of Urea retained in same?

RANDOLPH COUNTY.

We glean the following from the *Pocahontas News-Herald*:

The regular monthly meeting for the month of January, of the Randolph County Medical Society was held Thursday, January 24, beginning at 1 p. m., in the office of Dr. W. E. Hughes. The meeting was called to order by Dr. W. E. Hughes, the out-going president. After which the gavel was turned over to Dr. P. M. Shaver, president for the ensuing year. The following doctors were present: P. M. Shaver, W. E. Hughes, C. E. Pringle, H. L. Throgmorton, L. H. Hall, C. Scheid, G. W. Brumley, J. J. Johnson, G. A. Warren, G. M. Black, J. R. Crigler. Several interesting cases were brought before the Society, examined and commented upon, by many of the doctors present. The introduction of clinics being a valuable feature of the Society. When any of the members have troublesome or difficult cases, in any part of the county, they are cordially invited to bring them, or a history of their cases, before the Society. In this way they get the benefit of the knowledge of any or all the doctors that have had experience in such cases; which is entirely free to the patient.

A valuable paper on "Malarial Hematuria" was read by Dr. W. E. Hughes. A lively discussion followed both pro and con, in which nearly all participated.

The purpose of the Society is to cultivate cordiality and friendship among the profession, and disseminate knowledge and everything else of value to the people, and profession; and not for the purpose of combining into a trust for the purpose of raising prices or fixing rates, such action not being allowed by the Society. The public should require and demand their family physicians be members and regular attendants of their County Medical Societies, and keep abreast with the times and best medical research.

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SECOND DISTRICT MEDICAL SOCIETY.

January 15, 1907.

Dr. C. C. Stephenson, Little Rock, Ark.

DEAR DOCTOR: Not having seen anything in our Journal with reference to the organization of the District Medical Society, I thought I would write you.

I wrote a number of the profession in different parts of the District to meet me at Newport (it being a central place) on Nov.

1, 1906, for the purpose of organizing a District Medical Society in the Second Councilor District.

In company with Drs. John B. Grammer and J. L. Jones, of Searcy, I was there early, interviewing the physicians of Newport, and found them busy, but anxious to effect an organization. We met at the City Hall at 1 p. m., and after a talk from the writer as to the needs of and benefits to be derived from a society composed of such talent as was in this Councilor District, we went into an election of officers, which resulted as follows:

President, John B. Grammer, Searcy.

Vice-President, L. E. Willis, Newport.

Secretary, E. L. Watson, Newport.

A committee on Constitution and By-Laws, composed of L. E. Willis, J. L. Jones, H. O. Walker, was appointed and asked to report at that meeting, which they did, and after some discussion and amendments their report was adopted.

Searcy was selected as the place of next meeting, which will be held April 4, 1907, at which time the White-Cleburne will hold their annual meeting.

We are hoping to have Dr. McCormack with us at this meeting, and you are most cordially invited to join us.

J. M. JELKS,
Councilor Second District.

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ARKANSAS COUNTY MEDICAL SOCIETY.

Dr. C. C. Stephenson, Little Rock, Ark.

DEAR DOCTOR: The Arkansas County Medical Society met at Gillett on the 8th inst., and elected the following officers for the ensuing year:

President, Dr. W. W. Lowe, Gillett.

Vice-President, Dr. W. H. Boswell, Almyra.

Secretary, Dr. C. E. Park, De Witt.

Treasurer, Dr. W. H. Moorehead, Stuttgart.

Delegate to State Society, Dr. E. H. Winkler, De Witt.

Dr. C. W. Roscoe, of De Witt, was elected to membership.

The Society emphatically declared against the reduction of fees by insurance companies and adopted resolutions regarding same.

We are very hopeful of doing good work this year.

With best wishes, yours

C. E. PARK.

MISSISSIPPI COUNTY MEDICAL SOCIETY.

DEAR DOCTOR: I am sending a personal letter to every registered physician in Mississippi County for the purpose, if possible, of interesting them sufficiently to become members of the Mississippi County Medical Society. The medical profession of the United States is organized today as never before in its history. The work undertaken some years ago by the American Medical Association has borne fruit to such an extent, that there are but few counties in the whole country that has not a well organized and working society; and as the efforts are being increased rather than diminished, the probability is that by the next meeting of the National Association there will be no county without organization. As you know, those who join first and work hardest, are those who love their profession, and who feel most the sacred and important obligations they are under to the general public as guardians of the public health, and are actuated by a desire to do any and everything that will have a tendency to better them in a professional way and capacitate them the better to fill the important place they occupy in the social world. So notable has the movement been that the secular press has commented on it, and are quick to recognize the physician who has identified himself with the organization as against those who feel no interest in such things, and are content to move along in the old ruts, oblivious alike to their own interests as well as those of their patrons. Our own county was among the first in the State to organize under the new movement, and while it numbers some of the brightest physicians in the county among its members, yet many have for some cause failed to become identified. To all such the Society earnestly appeals, and urges them to become members. Now there are hundreds of reasons why you should be members, and *not one, why you should not*. As sensible, reasonable men, you do not need to be argued with. It is your plain duty, owed to your profession, your patrons and yourself. Every interest demands it and your professional brethren *need your help*. You have been careless and negligent. *Stop right now as you read, and think*. Sit down, and write the Secretary that you will be present at the next meeting (to be held at Blytheville, Feb. 14), and *come, for we need you*. The program for the forthcoming meeting will be mailed about the first to

every physician of the county, and we earnestly hope to be able to send your name to the State Secretary, together with that of every registered physician in the county. Personally, I shall feel like my work was done, if I can report every physician in the county, as a member of the County and State Medical Societies.

Fraternally, etc.,

THOS. G. BREWER,
Secretary.

P. S. Don't forget to see and talk with your brother, who is near you and bring him with you.

DEAR DOCTOR: The next session of the Mississippi County Medical Society will be held at Blytheville on Thursday, the 14th day of February, at 10 a. m. This is the last meeting of the year, and at this time officers will be elected to serve for another year. After business, the following

PROGRAM.

1. Paper, "Diphtheria," Dr. Ferguson.
2. Paper, "Tonic Action of Digitalis," Dr. Robinson.
3. Paper, "Malarial Hematuria," Dr. Brewer.

The County Medical Society makes it possible to unite into a compact organization the medical profession of the county. It is the best means of preventing envy, jealousy and local animosity, of promoting friendship, mutual respect and unity of sentiment, and of building up pleasant social relations among physicians and their families.

It is a post-graduate school at home, and will increase practical and scientific medical knowledge through its opportunities for reading papers and for discussions, clinics, etc.

It makes possible among physicians better business conditions and methods, including fee bills, defense, avoidance contract, practice, etc.

It enables the profession to make itself felt in local sanitary and health work.

It educates the public to greater respect for the medical profession. It is the *unit and basis* for the organization of the profession of both State and nation, and without such foundation an organized profession is impossible.

Doctor, may we count *you* as a member for this year? The Society needs you, and you

need it. Why won't you join us? To what else can we appeal to convince you of your interest, other than we have already done?

Fraternally, etc.,

THOS. G. BREWER,
Secretary.

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**QUESTIONS FOR JANUARY, 1907, BY THE
CRAWFORD COUNTY MEDICAL SOCIETY**

1. Give the manifestations of La Grippe?
2. Describe Cheyne-Stokes breathing?
3. What is Kernig's sign?
4. Etiology and treatment of subinvolution?
5. Croupous pneumonia, anatomical characters, complications and treatment?
6. What do you understand by Skoda's resonance or vesicular tympany?
7. Priapism, etiology and treatment?
8. Locate the noeud vital?
9. Give etiology of neuritis?
10. Arrhythmia, prognosis and treatment?
11. Describe steno-cardia and give treatment?
12. What is the significance of Tache Cerebrale?
13. Give medical properties of chloral hydrate?
14. Tell all you know about albumen?
15. Tell all you know about pus?

M. S. DIBRELL,
Secretary.

Dr. O. M. Bourland self-appointed leader for one year.

—x—

GREEN COUNTY MEDICAL SOCIETY.

C. C. Stephenson, M. D., Little Rock, Ark.

DEAR DOCTOR: The Greene County Medical Society, at its last meeting, elected the following officers for the ensuing year:

President, Dr. Thad Cothren, Walcott.

First Vice-President, R. J. Haley, Paragould.

Second Vice-President, R. E. Bradsher, Marmaduke.

Secretary and Treasurer, W. R. Owens, Paragould.

Board of Censors, A. G. Dickson and Clive Wilson, Paragould.

Our Society is doing its duty in regard to

waking up our legislators on medical legislation.

The Society also endorsed a \$5 fee for "Old Line," and \$2 for fraternal life insurance examinations.

We are anticipating a fine year's work.

Program for February meeting, "Quiz on Fractures," A. G. Dickson, quiz master.

Yours truly,

W. R. OWENS,
Secretary.

—x—

UNION COUNTY MEDICAL SOCIETY.

Dr. C. C. Stephenson, Secretary Medical Society, Little Rock, Ark.

DEAR DOCTOR: Our County Society met on the 9th inst., at our regular meeting time and hour, and after hearing from the members on the selected program, we went into the election of officers for the ensuing year, and are as follows:

Dr. John Moore, president, Lisbon.

Dr. Sam E. Thompson, vice president, El Dorado.

Dr. Joseph B. Wharton, secretary, El Dorado.

Dr. James M. Sheppard, treasurer, El Dorado.

Dr. H. H. Niehus, delegate to State Society, Wessen.

Dr. Hamm, alternate delegate, Shuler.

We regret to lose Dr. J. L. Rushing from our Society and from Union County. The doctor has recently moved to Chidester to associate with Dr. Purifoy in a large practice.

Very truly,

J. B. WHARTON,
Secretary.

El Dorado, Ark., January 10, 1907.

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A LOCATION.

Ozark, Ark., February 1, 1907.

Dr. C. C. Stephenson, Little Rock.

DEAR DOCTOR: There is a country neighborhood ten miles southwest of Webb City very much in need of a doctor. There is a considerable area without one. It is a good country district. The people are first rate folks. A young man who doesn't mind living in the country and riding a good deal, would do well. They asked me to recommend a man. If you know of one let me know.

Yours truly,

THOS. DOUGLASS.

SECTION ON SURGERY.

Dear Doctor:

The Arkansas Medical Society meets at Little Rock, Ark., May 15, 16, and 17, 1907. The Chairman and Secretary of the Section on Surgery are very anxious to secure a full and interesting program. Will you help us by preparing and reading a paper on some surgical subject of your own selection, or report some of your interesting cases? We are sure they will be of interest to the Society. We fully realize that we cannot make this meeting a success if the members do not come to our aid. If you will help the Society it will help you. The men who are benefited by Society membership are those who attend its meetings and take part.

The social side of this meeting is in the hands of the Little Rock Board of Trade. This is a sufficient guarantee that it will be all that can be desired. Come out, read a paper, have a social good time, and benefit yourself in a professional way.

We will appreciate a prompt answer to this letter as we are anxious to have the program completed early.

Fraternally yours,

W. A. SNODGRASS,
Chairman.

F. B. YOUNG,
Secretary.

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A DOCTOR'S ALMANAC.

I have wondered often why the medical profession did not have an almanac published similar in form to the patent medicine almanac, leaving out the weather forecasts; also those superstitious signs, and instead give some hints about treating wounds which do not require the attention of medical men. Hints on veterinary surgery such as can be handled by the laity. Also showing the rottenness of patent medicines. Showing the unreasonableness of those advertising quacks; of cancer and consumption cures, etc., with a little fun mixed in.

A great many people read the almanac when they do not read any other book or paper, and, that is not all, they believe what it says.

I believe some publishing company would publish such an almanac and sell them to the doctors for distribution. I would buy some myself.

A Doctor.

WOODRUFF COUNTY MEDICAL SOCIETY.

Dr. C. C. Stephenson, Little Rock, Ark.

DEAR DOCTOR: It seems that you have not had a report from Woodruff since November. At the November election, the following officers were elected.

President, R. Q. Patterson, Augusta.

Vice-President, W. H. McKie, Cotton Plant.

Secretary and Treasurer, T. B. Bradford, Cotton Plant.

We had a good meeting at Augusta on December 5th in the afternoon, and a banquet at the Commercial Hotel in the evening.

Dr. W. H. McKie will locate in Wynne.

Yours very sincerely,

R. Q. PATTERSON,
Secretary.

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MONROE COUNTY MEDICAL SOCIETY.

DEAR DOCTOR: I send you a list of the officers of our Society for this year:

E. D. McKnight, President.

E. W. Burrus, Vice-President.

R. L. Saxon, Secretary.

T. J. Stout, Treasurer.

I believe the only ones you wish are President and Secretary.

I wrote to our Senator today indorsing Senate Bill No. 66, and trust it may pass.

Quiet times here with some business.

Remaining yours, fraternally,

I am,

R. L. SAXON,
Secretary.

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CLAY COUNTY MEDICAL SOCIETY.

Dr. C. C. Stephenson, Little Rock, Ark.

DEAR DOCTOR: At the December meeting of the Clay County Medical Society the following officers were elected for 1907:

President, Dr. M. C. Hughey, Knobel, Ark.

First Vice-President, Dr. A. R. Simpson, Corning.

Second Vice-President, Dr. M. V. B. Waddle, Success.

Secretary and Treasurer, Dr. N. J. Latimer, Corning.

Representative to State Society, Dr. A. B. McKinney, Corning.

Very respectfully,

N. J. LATIMER.

THE PATTERSON-BLACK BILL.

The following is a copy of the Patterson-Black bill as introduced in both the Senate and House by Senator Black, of Woodruff, and Representative Black, of Marion Counties:

A Bill for An Act for Preventing Adulteration of Drugs, and for Regulating the Manufacture and Sale of Patent and Proprietary Medicines.

Be it Enacted by the Legislature of the State of Arkansas:

Section 1. That it shall be unlawful for any person, his agent or servant, or while acting as agent or servant of any other person or corporation, to manufacture, expose or offer for sale, or sell or give away within this State, any drug which is adulterated within the meaning of this Act, or any "Patent" or proprietary medicine in violation of the provisions of this Act.

Sec. 2. That the term "Drug" as used in this Act, shall include all medicines for internal or external use, antiseptics, disinfectants, and cosmetics.

Sec. 3. That a drug shall be deemed to be adulterated:

First. If, when sold under or by a name recognized in the United States Pharmacopoea or National Formulary, it differs from the standard of strength, quality or purity prescribed therein, unless the order therefor requires an article inferior to the standard, or unless such difference is made known or so appears to the purchaser at the time of the sale.

Second. If, when sold under or by a name not recognized in the United States Pharmacopoea, or National Formulary, but which is found in some other Pharmacopoea, or other standard work, on materia medica, it differs materially from the strength, quality or purity prescribed in such work.

Third. If its strength, quality or purity, falls below the professed standard under which it is sold.

Fourth. If it be an imitation of, or offered for sale, under the name of another article, or if it be falsely labeled with regard to its composition.

Provided, that a drug shall not be deemed to be adulterated if the standard of strength, quality or purity of such drug has been raised

since the issue of the last addition of the United States Pharmacopoea or National Formulary, until such change of standard has been published throughout the commonwealth.

Sec. 4. That each package, bottle, box or parcel, containing what is commonly known as a "Patent" or proprietary medicine, intended for internal or external use by human beings, other than the medicines specially compounded on a written prescription of a physician authorized to practice in this State, which shall hereafter be manufactured, or exposed or offered for sale, or sold or given away, within this State, shall have both on the outside wrapper, and also on the label affixed to such package, bottle, box, or parcel, in plain English, printed in black letters, of a size not smaller than type eight point, a complete schedule showing all the ingredients contained in such "Patent" or proprietary medicine. If the package, bottle, box or parcel be too small to admit of type eight point, a smaller type that can be easily read may be used.

Sec. 5. That whenever any such "Patent" or proprietary medicine shall contain any alcohol, morphine, opium, heroin, alpha- or beta, eucaine, chloroform, cannabis, inbica, chloral hydrate, acetanilid, phenacetin, cotton root, or ergot, or any of the salts or derivatives of any of them, there shall be printed in plain English, of a size not smaller than a type eight point, in addition to the schedule herein before required, both on the outside wrapper and also on the label affixed to the package, box, bottle or parcel containing the same, the names and proportion of said specified drugs.

Sec. 6. That no person, firm or corporation shall distribute or cause to be distributed a free trial sample of any medicine, drug, chemical or chemical compound, by leaving the same exposed upon the ground, sidewalks, porch, doorway, letter-box, or in any other manner, that children may become possessed of the same.

Sec. 7. That the Board of Health of the State is hereby empowered after October 1, 1907, and from time to time thereafter, to make or cause to be made, a chemical analysis of drugs or patent and proprietary medicine manufactured, or exposed or offered for sale, or sold or given away, within the State for internal or external use, by human beings, other than those medicines compounded on a physician's written prescription as afore-

said. If any such analysis shall show that there has been, with respect to any such drug or patent or proprietary medicine, a failure to comply with the requirements of this Act, said Board shall at once notify the prosecuting attorney of any County in this State, in which the said drug or patent or proprietary medicine is manufactured, or exposed or offered for sale, or sold or given away, whose duty it shall be to prosecute the person, firm or corporation so violating the provision hereof.

Sec. 8 That no dealer shall be prosecuted under the provisions of this Act when he can establish a guarantee, signed by the wholesaler, jobber, manufacturer, or other party residing in the United States, from whom he purchased such article, to the effect that the same is not adulterated as misbranded within the meaning of this Act. The signor of such guarantee shall be amenable to the provisions of this Act.

Sec. 9. Any changes in the strength or proportion of the ingredients of any patent or proprietary medicine, manufactured within this State, shall be at once reported by the manufacturer thereof, to the Board of Health of this State.

Sec. 10 Any person, firm, or corporation violating any provisions of this Act, shall be deemed guilty of a misdemeanor, and on conviction thereof, shall be punished by a fine of not less than Fifty Dollars nor more than Five Hundred Dollars, and all necessary costs, including the expense of the analysis, or imprisonment for not less than thirty days, nor more than six months, or both.

Sec. 11. That the provisions of this Act shall apply to all drugs, or patent or proprietary medicines manufactured within this State or shipped into this State after October 1, 1907, and shall also apply to all drugs or patent or proprietary medicines in stock at the date of the passage of this Act, after October 1, 1908.

Sec. 12. All Acts or parts of Acts inconsistent herewith are hereby repealed.

M. H. PATTERSON,
of Woodruff County.

Little Rock, Ark., January 23, 1907.
Gentlemen:

This bill was drawn up by the committee from the Arkansas State Medical Society, and endorsed by the Arkansas Association of

Pharmacists, and the State Board of Health. Committee from State Medical Society.

O. L. WILLIAMSON, M. D.,
Acting Chairman, Com. from State Med. Society.

C. C. STEPHENSON, M. D.,
Sec'y. Ark. (State) Medical Society.

J. P. RUNYAN, M. D.,
President Board of Health.

C. R. SHINAULT, M. D.,
Com. on Med. Legislation.
Committee from Arkansas Association of Pharmacists.

JOHN B. BOND, Sr.,
Member of Committee.

J. F. DOWDY,
Member of Committee.

L. K. SNODGRASS,
Member of Committee.

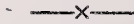
A. W. STAHEL,
Member of Committee.

INDORSEMENT.

January 23, 1907. Read first time, rules suspended and read second time.

Referred to Committee on Public Health. 200 copies ordered printed.

GEO. H. TREVATHAN,
Secretary.



INSURANCE RESOLUTIONS.

At a Meeting of the.....County Medical Society, held.....the following Resolutions were unanimously adopted:

I.—That the following preamble and resolutions are adopted by this Society in session at.....

WHEREAS, Many of the life insurance companies have notified their medical examiners of reduction of examining fee from \$5 to \$3; and

WHEREAS, We, as physicians, realizing the responsibility incident to proper examination of the individual, believe such reduction to be unjust; therefore, be it

Resolved, That the.....County Medical Society, and the medical profession in sympathy with them, in session assembled, do hereby declare such reduction to be

unjust, and respectfully request that no physician legally authorized to practice medicine in..... accept such reduction of fee; and further, that any physician accepting such reduction be guilty of a breach of professional courtesy.

Resolved, That it is the sense of this Society that hereafter in each examination for life insurance in which urine analysis is required the minimum fee shall be \$5.

Resolved, That the several component Societies forming the State Association be requested to adopt these resolutions.

II.—That the above rates shall not apply to industrial medical inspections, without urinary analysis, for amounts less than \$1,000.

III.—That no member of this Society enter into any contract or agreement with any corporation, society, association, company or individual, to examine applicants for insurance for any stated salary or lump sum, thereby evading the spirit and instinct of the foregoing resolutions.

IV.—That the payment of all fees shall be authorized by the home office of the society or corporation to which such application is made, and under no circumstances shall an examiner receive or accept any part of this fee from an agent or any other person or corporation, unless the full fee be paid by authority of the home office.

V.—That each member of this Society pledge himself or herself, in case a fellow-member be removed from the position of examiner for any corporation or society solely because of this action of the medical profession, that he or she will not accept an appointment from such corporation or society as examiner, nor make any examination for same in.....

VI.—That each member of this Society bind himself or herself, by a pledge to be presented by him or her to the Secretary, to abide by these resolutions.

VII.—That the Secretary be instructed to forward a copy of these resolutions to each County Medical Society in.....for adoption.

VIII.—That these resolutions be printed in our State Medical Journal and a copy forwarded to *The Journal of the American Medical Association*.

[Signed]

The above have been sent out by Dr. A. T. McCormack, of Bowling Green, Ky.

INSURANCE.

MY DEAR DOCTOR:

Eighteen State Medical Associations and more than half of the County Societies in the United States have passed resolutions in regard to fees for life insurance examinations similar to those attached hereto. It is important for the medical profession to stand together as a solid force to withstand the united effort now being made by so many life insurance companies to cut the fees paid us for examinations. It is a self-evident proposition that we will win if we stand together.

If all the profession were members of our County Society, or a similar one (and we trust they soon will be) and attended the meetings, so as to take part in its deliberations and action, it would settle such matters. Of course, you will see the importance of the widest possible adoption of these resolutions, and to that end we are sending a copy to all reputable physicians. I ask you to vote for them and sign your name at the bottom of the next sheet, which is a pledge on your part that, when adopted by our profession, you will loyally stand for the faithful carrying out of the resolutions.

The President of the American Medical Association says in *The Journal* of December 8 last:

"Members of the committee were assured that some of the companies would be glad to restore the fee if the profession would unite in requesting it, and in transmitting the report, I have no hesitation in urging County and State Societies everywhere to take prompt action with this end in view.

"We urge, however, that the will of the majority be not made a test of membership, but that kindness, forbearance and moral suasion be substituted for the old spirit of ostracism and exclusion."

In the same issue, among other things, the Committee on Insurance says:

"The companies insist that they be left to deal with individual physicians and not with the profession as a whole.

"On the other hand, they themselves have practically agreed to stand together in maintaining the reduced, insufficient and, we believe, unjust fee.

"We believe that the companies can and should continue to pay a minimum fee of \$5

for medical examinations, which seems to us to be a reasonable and just remuneration."

It is now up to the individual doctors of the country as to whether they shall make effective the work and views of our representatives who have given the matter special study. Are you not willing to stand by them?

The result of this referendum will be published in the Journal of our State Society and *The Journal of the American Medical Association*. Please sign your name to the enclosed resolutions and mail them to me in the enclosed envelope so I can get them by next mail.

Be sure to send me your ballot by next mail. United we stand, divided we fall."

Very respectfully,

Secretary.

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A MASTERLY ADDRESS ON PUBLIC HEALTH.

Patent Medicines Scored.

Dr. J. N. McCormack, of Bowling Green, Secretary of the State Board of Health of Kentucky, spoke for two hours recently in Louisville at the Woman's Club to a large and appreciative audience, on public health matters. During that time he held the attention of every auditor. In the assemblage, mostly composed of laymen, there was also a good representation of the city's leading physicians and many women.

Dr. McCormack's lecture was a masterpiece of logic; he attempted no flights of oratory, but his points were all pungently made, appealing to the common sense of his hearers. He paid a high tribute to Dr. M. K. Allen, the City Health Officer, for the great good he has accomplished in working for better sanitation and the correction of abuses. He also spoke in the highest terms of the press of Kentucky, for its work of co-operation with the health department in all of its efforts at reform.

In dwelling upon what Dr. Allen has done, Dr. McCormack particularly praised his campaign for pure milk. He said that much good had already been accomplished in paving the way for milk supply that should be standard throughout, and that the plan of the local health officer to certify to all dairies which should show perfect sanitation would

result in untold benefit to Louisville.

Continuing along the same line, he declared that the deaths of infants, due to cholera infantum, were traceable to impure milk, and that the loss of life among children from this cause was an appalling item in the mortality reports. This waste of life, he declared, was due to criminal carelessness.

"The health department," said Dr. McCormack, "should ramify into every portion of the public schools; an inspector of the office should make the rounds of the schools at frequent periods, and the germs of diphtheria and scarlet fever should be stamped out as soon as they showed their presence." "Much good has already been done," continued the speaker, "but the tasks still confronting the department are herculean, and they need the co-operation and friendship of every citizen in their work."

Typhoid fever and tuberculosis were taken up, and the steps which should be taken to destroy these diseases outlined. Becoming at no time technical, the speaker simply stated facts, and left his auditors to draw their own conclusions.

The housefly, the creature of filthy conditions, was shown to be the chief instrument in the dissemination of typhoid. Screening all houses was imperative, and the sanitary filter, resulting in a purer water supply would be a factor of incalculable benefit.

Patent medicines were excoriated by the speaker, who said, in one particular instance, that letters were being sent to people in Kentucky, supposedly from a lady who had been dead for twenty years, urging the merits of a nostrum which bears her name. Dr. McCormack spoke very warmly of the great good done by Surgeon-General Sternberg during the Spanish-American War, and said that the good sanitary conditions prevailing in Cuba since that time were directly due to the sanitary steps taken by that official.

At the conclusion of his address Dr. McCormack was congratulated by a large number of his auditors for the forceful and timely way in which he had put the propositions of good health and for the work being done by the State Board.

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A Kansas physician lost a pocket-book containing a comfortable sum of money. The other day he received the empty wallet bearing this note: "Doctor, please fill this prescription again."

PROPOSED CONSTITUTION AND**BY-LAWS.***

The following Constitution is again published in the Journal due to the fact, that when published in the June issue it was discovered that some typographical errors had crept in. It is believed that this time it is free from error and is identical with the original copy furnished the Secretary. The law provides that Amendments, Article XII shall have been presented in open meeting at the previous annual session and that it shall be sent officially to each Component Country Society at least two months before the session at which final action is to be taken.

This will be mailed to each County Secretary.

Article I.—Name of the Society.

The name and title of this organization shall be the Arkansas State Medical Society.

Article II.—Purposes of the Society.

The purposes of this Society shall be to federate and bring into one compact organization the entire medical profession of the State of Arkansas, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; and to enlighten and direct public opinion in regard to the great problems of state medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life.

Article III.—Component Societies.

Component Societies shall be those county medical societies which hold charters from this Society.

Note—At the meeting in 1905 a resolution was introduced providing for the adoption of the "Revised Constitution and By-Laws" in place of the one governing the Society at present. This resolution laid over one year, and at meeting 1906 the matter was brought up and the House of Delegates appointed a committee to fill in blanks and report. This is a full report of their labors and will come up at next meeting for consideration.

Article IV.—Composition of the Society.

Section 1. This Society shall consist of Members, Delegates and Guests.

Sec. 2. Members. The members of this Society shall be the members of the component county medical societies.

Sec. 3. Delegates. Delegates shall be those members who are elected in accordance with this Constitution and By-Laws to represent their respective component societies in the House of Delegates of this Society.

Sec. 4. Guests. Any distinguished physician not a resident of this State, who is a member of his own State Society, may become a guest during any Annual Session on invitation of the officers of this Society, and shall be accorded the privilege of participating in all the scientific work for that Session.

Article V.—House of Delegates.

The House of Delegates shall be the legislative body of the Society, and shall consist of: (1) Delegates elected by the component county societies; (2) the Councilors; and (3) ex-officio, the President and Secretary of this Society.

Article VI.—Council.

The Council shall consist of the Councilors, and the President and Secretary, ex-officio. Besides its duties mentioned in the By-Laws, it shall constitute the Finance Committee of the House of Delegates; six Councilors shall constitute a quorum.

Article VII.—Sections and District Societies.

The House of Delegates may provide for a division of the scientific work of the Society into appropriate Sections, and for the organization of such Councilor District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies.

Article VIII.—Sessions and Meetings.

Section 1. The Society shall hold an Annual Session, during which there shall be held daily General Meetings, which shall be open to all registered members and guests.

Sec. 2. The time and place for holding each Annual Session shall be fixed by the House of Delegates.

Article IX.—Officers.

Section 1. The officers of this Society

shall be a President, three Vice-Presidents, a Secretary, a Treasurer and ten Councilors.

Sec. 2. The officers, except the Councilors, shall be elected annually. (The terms of the Councilors shall be for two years, those first elected serving one and two years, as may be arranged, so that after the first year five Councilors shall be elected annually to serve two years.) All these officers shall serve until their successors are elected and installed.

Article X.—Reciprocity of Membership with Other State Societies.

In order to broaden professional fellowship this Society is ready to arrange with other State Medical Societies for an interchange of certificates of membership, so that members moving from one state to another may avoid the formality of re-election.

Article XI.—Funds and Expenses.

Funds shall be raised by an equal per capita assessment on each component society. The amount of the assessment shall be fixed by the House of Delegates, but shall not exceed the sum of \$2.00 per capita per annum, except on a four-fifths vote of the Delegates present. Funds may also be raised by voluntary contributions, from the Society's publications, and in any other manner approved by the House of Delegates. Funds may be appropriated by the House of Delegates to defray the expenses of the Society for publications, and for such other purposes as will promote the welfare of the profession. All resolutions appropriating funds must be referred to the Finance Committee before action is taken thereon.

Article XII.—Referendum.

Section 1. A General Meeting of the Society may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Society, who may vote by mail or in person, and, if the members voting shall comprise a majority of all the members of the Society, a majority of such vote shall determine the question and be binding on the House of Delegates.

Sec. 2. The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section,

and the result shall be binding on the House of Delegates.

Article XIII.—The Seal.

The Society shall have a common Seal, with power to break, change or renew the same at pleasure.

Article XIV.—Amendments.

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous Annual Session, and that it shall have been published twice during the year in the bulletin or journal of this Society, or sent officially to each component society at least two months before the meeting at which final action is to be taken.

BY-LAWS.

Chapter I.—Membership.

Section 1. The name of a physician on the properly certified roster of members of a component society, which has paid its annual assessment, shall be *prima facie* evidence of membership in this Society.

Sec. 2. Any person who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall not be entitled to any of the rights or benefits of this Society, nor shall he be permitted to take part in any of its proceedings until he has been relieved of such disability.

Sec. 3. Each member in attendance at the Annual Session shall enter his name on the registration book, indicating the component society of which he is a member. When his right to membership has been verified, by reference to the roster of his Society, he shall receive a badge, which shall be evidence of his right to all the privileges of membership at that Session. No member shall take part in any of the proceedings of an Annual Session until he has complied with the provisions of this section.

Chapter II.—Annual and Special Sessions of the Society.

Section 1. The Society shall hold an Annual Session at such time and place as has been fixed at the preceding Annual Session by the House of Delegates.

Sec. 2. Special meetings of either the Society or of the House of Delegates shall be called by the President on petition of twenty Delegates or fifty members.

Chapter III.—General Meetings.

Section 1. All registered members may attend and participate in the proceedings and discussions of the General Meetings and of the Sections. The General Meetings shall be presided over by the President or by one of the Vice-Presidents, and before them shall be heard the address of the President and the orations, and such scientific papers and discussions as may be arranged for in the program.

Sec. 2. The General Meeting may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and public.

Chapter IV.—House of Delegates.

Section 1. The House of Delegates shall meet on the day before that fixed as the first day of the Annual Session. It may adjourn from time to time as may be necessary to complete its business, provided, that its hours shall conflict as little as possible with the General meetings. The order of business shall be arranged as a separate section of the program.

Sec. 2. Each component county society shall be entitled to send to the House of Delegates each year one delegate for every 25 members, and one for each major fraction thereof, but each component society which has made its annual report and paid its assessment as provided in this Constitution and By-Laws, shall be entitled to one delegate.

Sec. 3. A majority of the members registered shall constitute a quorum.

Sec. 4. It shall, through its officers, Council and otherwise, give diligent attention to and foster the scientific work and spirit of the Society, and shall constantly study and strive to make each Annual Session a stepping stone to future ones of higher interest.

Sec. 5. It shall consider and advise as to the material interests of the profession, and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and enforce all proper medical and public-health

legislation, and to diffuse popular information in relation thereto.

Sec. 6. It shall make careful inquiry into the condition of the profession of each county in the State, and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality, and shall continue these efforts until every physician in every county of the State who can be made reputable has been brought under medical society influence.

Sec. 7. It shall encourage post-graduate and research work, as well as home study, and shall endeavor to have the results utilized and intelligently discussed in the county societies.

Sec. 8. It shall elect representatives to the House of Delegates of the American Medical Society in accordance with the Constitution and By-Laws of that body.

Sec. 9. It shall divide the State into Councilor Districts, specifying what counties each district shall include, and, when the best interest of the Society and profession will be promoted thereby, organize in each a district medical society, and all members of component county societies shall be members in such district societies. When so organized, from the presidents of such district societies shall be chosen the Vice-Presidents of this Society, and the presidents of the county societies of the district may be the vice-presidents of such district societies.

Sec. 10. It shall have authority to appoint committees for special purposes from among members of the Society who are not members of the House of Delegates. Such committees shall report to the House of Delegates, and may be present and participate in the debate on their reports.

Sec. 11. It shall approve all memorials and resolutions issued in the name of the Society before they shall become effective.

Chapter V.—Election of Officers.

Section 1. All elections shall be by ballot, except where there is only one candidate, where it may be made by acclamation, and a

majority of the votes cast shall be necessary to elect.

Sec. 2. The report of the nominating committee and the election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the morning of the last day of the General Session.

Sec. 3. Any person known to have solicited votes for or sought any office within the gift of this Society shall be ineligible for any office for two years.

Sec. 4. Delegates shall not be eligible for election to any of the offices named in the Constitution, except that of Councilor.

Chapter VI.—Duties of Officers.

Section 1. The President shall preside at all meetings of the Society and of the House of Delegates; shall appoint all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged, and perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the State during his term of office, and, as far as practicable shall visit by appointment the various sections of the State, and assist the Councilors in building up the county societies, and in making their work more practical and useful.

Sec. 2. The Vice-President shall assist the President in the discharge of his duties. In the event of the President's death, resignation or removal, the Council shall select one of the Vice-Presidents to succeed him.

Sec. 3. The Treasurer shall give bond in the sum of \$1,000.00. He shall demand and receive all funds due the Society, together with bequests and donations. He shall pay money out of the Treasury only on a written order of the President, countersigned by the Secretary; he shall subject his accounts to such examination as the House of Delegates may order, and he shall annually render an account of his doings and of the state of the funds in his hands.

Sec. 4. The Secretary shall attend the General Meetings of the Society and the meetings of the House of Delegates, and shall keep minutes of their respective proceedings in separate record books. He shall be *ex-officio* Secretary of the Council. He shall be custodian of all record books and papers belonging to the Society, except such

as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Society which come into his hands. He shall provide for the registration of the members and Delegates at the Annual Sessions. He shall, with the co-operation of the secretaries of the component societies, keep a card-index register of all the legal practitioners of the State by counties, noting on each his status in relation to his county society, and, on request, shall transmit a copy of this list to the American Medical Association. He shall aid the Councilors in the organization and improvement of the county societies and in the extension of the power and usefulness of this Society. He shall conduct the official correspondence, notifying members of meetings, officers of their election and committees of their appointment and duties. He shall employ such assistants as may be ordered by the House of Delegates, and shall make an annual report to the House of Delegates. He shall supply each component society with the necessary blanks for making their annual reports; shall keep an account with the component societies, charging against each society its assessment, collect the same, and at once turn it over to the Treasurer, taking his receipt therefor. Acting with the Committee on Scientific Work, he shall prepare and issue all programs. The amount of his salary shall be fixed by the House of Delegates.

Chapter VII.—Council.

Section 1. The Council shall meet on the day preceding the Annual Session, and daily during the Session, and at such other times as necessity may require, subject to the call of the chairman, or on petition of three Councilors. It shall meet on the last day of the Annual Session of the Society to organize and outline work for the ensuing year. It shall elect a chairman and a clerk, who, in the absence of the Secretary of the Society, shall keep a record of its proceedings. It shall, through its chairman, make an annual report to the House of Delegates.

Sec. 2. Each Councilor shall be organizer, peacemaker and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exists; for inquiring into the condition of the profession, and for improving and increasing the zeal of

the county societies and their members. He shall make an annual written report of his work and of the condition of the profession of each county in his district at the Annual Session of the House of Delegates. The necessary traveling expenses incurred by such Councilor in the line of the duties herein imposed may be allowed on a proper itemized statement, but this shall not be construed to include his expense in attending the Annual Session of the Society.

Sec. 3. The Council shall be the board of censors of the Society. It shall consider all questions involving the rights and standing of members, whether in relation to other members, to the component societies or to this Society. All questions of an ethical nature, brought before the House of Delegates or the General Meeting shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members or component societies on which an appeal is taken from the decision of an individual Councilor, and its decision in all such matters shall be final.

Sec. 4. In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies, to be suitably designated so as to distinguish them from district societies, and these societies, when organized and chartered, shall be entitled to all rights and privileges provided for component societies until such counties shall be organized separately.

Sec. 5. The Council shall provide for and superintend the publication and distribution of all proceedings, transactions and memoirs of the Society, and shall have authority to appoint an editor and such assistants as it deems necessary. All money received by the Council and its agents, resulting from the discharge of the duties assigned to them, must be paid to the Treasurer of the Society. It shall annually audit the accounts of the Treasurer and Secretary and other agents of this Society and present a statement of the same in its annual report to the House of Delegates, which report shall also specify the character and cost of all publications of the Society during the year, and the amount of all other property belonging to the Society under its control, with such suggestions as it may deem necessary. In the event of a vacancy in the office of the Secretary or of the Treasurer, the Council shall

fill the vacancy until the next annual election.

Chapter VIII.—Committees.

Section 1. The standing committees shall be as follows:

A Committee on Scientific Work .

A Committee on Public Policy and Legislation.

A Committee on Arrangement, and such other committees as may be necessary. Such committees shall be appointed by the President, unless otherwise provided.

Sec. 2. The Committee on Scientific Work shall consist of three members, of which the Secretary shall be one, and shall determine the character and scope of the scientific proceedings of the Society for each session, subject to the instructions of the House of Delegates. Thirty days previous to each Annual Session it shall prepare and issue a program announcing the order in which papers and discussions shall be presented.

Sec. 3. The Committee on Public Policy and Legislation shall consist of three members and the President and Secretary. Under the direction of the House of Delegates it shall represent the Society in securing and enforcing legislation in the interest of public health and of scientific medicine. It shall keep in touch with professional and public opinion, shall endeavor to shape legislation so as to secure the best results for the whole people, and shall strive to organize professional influence so as to promote the general good of the community in local, state and national affairs and elections.

Sec. 4. The Committee of Arrangements shall be appointed by the component society of the county in which the Annual Session is to be held. It shall provide suitable accommodations for the meeting places of the Society and of the House of Delegates, and of their respective committees, and shall have general charge of all the arrangements. Its chairman shall report an outline of the arrangements to the Secretary for publication in the program, and shall make additional announcements during the session as occasion may require.

Chapter IX.—County Societies.

Section 1. All county societies now in affiliation with this association or those which may hereafter be organized in this State, which have adopted principles of

organization not in conflict with this Constitution and By-Laws, shall, on application, receive a charter from and become a component part of this Society.

Sec. 2. As rapidly as can be done after the adoption of this Constitution and By-Laws, a medical society shall be organized in every county in the State in which no component society exists, and charters shall be issued thereto.

Sec. 3. Charters shall be issued only upon approval of the Council and shall be signed by the President and Secretary of this Society. Upon the recommendation of the Council the House of Delegates may revoke the charter of any component society whose actions are in conflict with the letter or spirit of this Constitution and By-Laws.

Sec. 4. Only one component medical society shall be chartered in any county. Where more than one county society exists, friendly overtures and concessions shall be made, with the aid of the Councilor for the District if necessary, and all of the members brought into one organization. In case of failure to unite, an appeal may be made to the Council, which shall decide what action shall be taken.

Sec. 5. Each county society shall judge of the qualification of its own members, but, as such societies are the only portals to this Society and to the American Medical Association, every reputable and legally registered physician who is a graduate of a reputable medical college does not practice or claim to practice, nor lend his support to, any exclusive system of medicine, shall be entitled to membership. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every such physician in the county to become a member.

Sec. 6. Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or expelling him, shall have the right to appeal to the Council, and its decision shall be final.

Sec. 7. In hearing appeals the Council may admit oral or written evidence as in its judgment will best and most fairly present the facts, but in case of every appeal, both as a Board and as individual Councilors in district and county work, efforts at concili-

ation and compromise shall precede all such hearings.

Sec. 8. When a member in good standing in a component society moves to another county in this State, his name, on request, shall be transferred without cost to the roster of the county society into whose jurisdiction he moves.

Sec. 9. A physician living near a county line may hold his membership in that county most convenient for him to attend, on permission of the component society in whose jurisdiction he resides.

Sec. 10. Each component society shall have general direction of affairs of the profession in its county, and its influence shall be constantly exerted for bettering the scientific, moral and material condition of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified physician in the county.

Sec. 11. At some meeting in advance of the Annual Session of this Society each county society shall elect a delegate or delegates to represent it in the House of Delegates of this Society, in the proportion of one delegate to each twenty-five members and one for each major fraction thereof, and the Secretary of the Society shall send a list of such delegates to the Secretary of this Society, at least ten days before the Annual Sessions.

Sec. 12. The secretary of each component society shall keep a roster of its members, and of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this State, and such other information as may be deemed necessary. In keeping such roster the Secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall endeavor to account for every physician who has lived in the county during the year.

Sec. 13. The secretary of each component society shall forward its assessment, together with its roster of officers and members, list of delegates and list of non-affiliated physicians of the county, to the Secretary of this

Society each year thirty days before the Annual Session.

Sec. 14. Any county society which fails to pay its assessment, or make the report required, on or before ten days after the annual meeting shall be held is suspended, and none of its members or delegates shall be permitted to participate in any of the business or proceedings of the Society or of the House of Delegates until such requirements have been met.

Chapter X.—Miscellaneous.

Section 1. No address or paper before the Society except those of the President and orators, shall occupy more than twenty minutes in its delivery; and no member shall speak longer than five minutes, nor more than once on any subject, except by unanimous consent.

Sec. 2. All papers read before the Society or any of the Sections shall become its property. Each paper shall be deposited with the Secretary when read.

Sec. 3. The deliberations of this Society shall be governed by parliamentary usage as contained in Roberts' Rules of Order, when not in conflict with this Constitution and By-Laws.

Sec. 4. The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

Article XIV.—Amendments.

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous Annual Session, and that it shall have been published twice during the year in the bulletin or journal of this Society, or sent officially to each component society at least two months before the meeting at which final action is to be taken.

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REPORT OF THE COUNCIL ON PHARMACY AND CHEMISTRY.

We reprint herewith the second installment of the report of the Council on Pharmacy and Chemistry. Additional installments will appear from time to time. The importance of these reports is too evident

to need comment. For the first time in the history of the organized profession, a scientific commission, whose ability and probity is above suspicion, has reported on preparations regarding which heretofore we have had only the report of those interested, financially and otherwise, in their exploitation.

Aristochin. — $\text{CO}(\text{C}_{20}\text{H}_{23}\text{N}_2\text{O}_2)_2 = \text{C}_{41}\text{H}_{46}\text{N}_4\text{O}_5$, the neutral carbonic ester of quinine.

Actions and Uses.—The same as those of quinine, but, since it is only slowly acted on by acids, it is said not to produce disturbance of the stomach and to be notably free from tendency to production of cinchonism. Dosage.—The same as that of quinine, in powder, mixed with milk sugar, dry on the tongue or suspended in liquids. Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

ARISTOL.

A name applied to Thymolis Iodidum, U. S. P. Manufactured by Farbenfabriken vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

ASPIRIN.

Aspirin $\text{C}_6\text{H}_4\text{O}(\text{CH}_3\text{CO})\text{COOH}$, $1:2 = \text{C}_{10}\text{H}_8\text{O}_4$, the acetyl derivative of salicylic acid.

Actions and Uses.—It acts like salicylic acid, over which it possesses the advantage of producing less of the undesired local and systematic side effects, on account of the slow deliberation of the salicylic acid. It passes the stomach unchanged, the decomposition beginning in the intestine. Dosage.—0.3 to 1 Gm. (5 to 15 grains) in capsules or wafers, or dissolved in sweetened water or dry on the tongue, followed by a swallow of water. The powder should be dispensed in waxed paper. Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

BENZOSOL.

Benzosol, $\text{C}_6\text{H}_4(\text{OCH}_3)(\text{C}_6\text{H}_5\text{COO}) = \text{C}_{14}\text{H}_{12}\text{O}_3$, a crystalline compound of guaiaicol in which the hydrogen of the hydroxyl is replaced by benzoyl.

Actions and Uses.—Benzosol is decomposed slowly in the intestinal tract into guaia-

col and benzoic acid which exert their proper actions. The liberated constituents are absorbed and excreted in the urine. It is not irritating. Its uses are analogous to those of creosote and of benzoic acid. It is recommended in incipient pulmonary tuberculosis, as an intestinal antiseptic in fermentation, diarrhea, typhoid fever, diabetes mellitus and as a urinary disinfectant in cystitis, etc. Dosage.—0.2 to 0.6 Gm. (3 to 10 grains), in powder, capsule, pill, or suspended in liquids or as an emulsion. Manufactured by Farbwerke, vorm. Meister, Lucius & Bruening, Hoechst a. M. (Victor Koechl & Co., New York).

BETA-EUCAINE HYDROCHLORIDE.

Beta-eucaine hydrochloride, $C_5H_7N(CH_3)_3(C_6H_5COO).HCl$, the hydrochloride of 2,6,6-trimethyl-4-benzoyl-hydroxypiperidine.

Actions and Uses. Beta-eucaine hydrochloride is a local anesthetic like cocaine, but weaker and devoid of the stimulating properties of the latter. It does not dilate the pupil, nor does it contract the blood vessels as does cocaine. It has the advantage of stability even on prolonged boiling. It may be used in all cases in which cocaine is indicated as a local anesthetic, especially in ophthalmology. Dosage.—It may be applied in a 2 to 3 per cent. solution to the eye, 5 to 10 per cent. for nose and throat, and 5 to 10 per cent. for ointment for hemorrhoids. Manufactured by Chemische Fabrik auf Actien, vorm. E. Schering, Berlin (Schering and Glatz, New York).

BETA-NAPHTHOL BENZOATE.

Beta-naphthol benzoate, $C_6H_5.COO.C_{10}H_7=C_{17}H_{12}O_2$, the benzoic ester of *B*-naphthol.

Actions and Uses.—Beta-naphthol benzoate is split up into its constituents on reaching the intestinal tract and acts as an antiseptic. It is said to be diuretic. It is used internally as an intestinal antiseptic in diarrhea and typhoid fever. Externally it has been recommended as a parasiticide in the form of 3 to 10 per cent. ointment, and has been used in psoriasis, eczema, scabies, etc. Dosage.—0.2 to 0.5 Gm. (3 to 8 grains); maximum dose, single, 1 Gm. (15 grains) daily 4 Gm. (60 grains). Manufactured by Fabrik von Heyden, Radebeul near Dresden (Merck & Co., New York).

BETOL.

Betol, $C_6H_4.OH.COO(C_{10}H_7)=C_{17}H_{12}O_3$ the salicylic ester of *B*-naphthol.

Actions and Uses.—Betol is not affected in the stomach, but is split up in its original components when it reaches the intestinal tract by the pancreatic juice and intestinal secretions. It is believed to act as an intestinal antiseptic and, being excreted in the urine, to act in a similar way in the bladder. It has the anti-rheumatic properties of salicylic acid. It is recommended for intestinal fermentations, catarrh of the bladder, particularly in gonorrheal cystitis, for rheumatism, etc. Dosage.—0.3 to 0.5 Gm. (4 to 8 grains) in cachets, milk or emulsion. Manufactured by the Heyden Chemical Works, New York.

BISMAL.

Bismal, $4(C_{15}H_{12}O_{10}).3Bi(OH)_3=Bi_3C_{60}H_{57}O_{49}$, a compound of bismuth hydroxide and methylenedigallic acid.

Actions and Uses.—Bismal is an astringent and is recommended for the treatment of chronic diarrhea. Dosage.—0.12 to 0.3 Gm. (2 to 5 grains) in cachets or powder. Manufactured by E. Merck, Darmstadt (Merck & Co., New York).

BOROCHLORETONE.

A mixture of 1 part chloretone with 3 parts boric acid.

Actions and Uses.—An antiseptic and anesthetic, used externally as a surgical dressing powder. Prepared by Parke, Davis & Co., Detroit, Mich.

BROMETONE.

Brometone, 1,1,1-tribrom-2-methyl-propan-2-ol, $CBr_3.C(OH)(CH_3).CH_3=C_4H_7OBr_3$, produced by the reaction of acetone on bromoform.

Actions and Uses.—Brometone is claimed to have the sedative action of the bromides without the disadvantage of producing bromism. In doses of 0.3 Gm. (5 grains) four or five times a day, in adults, it is claimed to cause no unpleasant results and to produce no disturbance of the digestive organs, and to have no appreciable effect on the secretions. Its action is prompt and its effect is manifest for several hours. In doses exceeding 1.6 Gm. (25 grains) daily it may produce dizziness, vertigo, anorexia, and mental hebetude, all of which

symptoms disappear on discontinuance of its use. Therapeutically it has been recommended in mild conditions of excitation and insomnia, in so-called narcotic abstinence, in hysteria and in nervous affections generally. It relieves some forms of cough and is said to produce amelioration in about 60 per cent. of cases of epilepsy. It has been used to relieve dizziness due to labyrinthine disturbances. Dosage.—The dose is 0.3 Gm. (5 grains) to be repeated two or three times during twenty-four hours. Manufactured by Parke, Davis & Co., Detroit, Mich.

BROMIPIN.

A bromine addition product of sesame oil, containing 10 per cent. of bromine in organic combination.

Actions and Uses.—Bromipin acts like the bromides, but as it yields its bromine more slowly it is thought to have less tendency to produce brominism. The combination is not broken up in the stomach, but a portion of the bromine is split off as soon as the oil enters the intestine. The oil with the remaining bromine is easily absorbed, and, similarly to other fats, is largely deposited in the tissues, where it is slowly split up. It is said to be more lasting in its action than the bromides. Dosage.—4 Cc. (1 fluidram), increased in cases of epilepsy to from 8 to 32 Cc. (2 to 8 fluidrams); in emulsion with peppermint water and syrup, or pure, flavored with oil of peppermint. Manufactured by E. Merck, Darmstadt. (Merck & Co., New York).

BROMIPIN—33 1-3 PER CENT.

A 33 1-3 per cent. brominized sesame oil. Manufactured by E. Merck, Darmstadt. (Merck & Co., New York).

BUTYL-CHLORAL HYDRATE.

Actions and Uses.—Its action is similar to that of chloral, except that it is said to be less depressing and more analgetic. It has been especially recommended for facial neuralgia. Dosage.—0.3 to 1.3 Gm. (5 to 20 grains).

CALCIUM ICHTHYOL.

A derivative of ichthyol in which calcium is substituted for ammonia. Manufactured by the Ichthyol Co., Hamburg. (Merck & Co., New York).

CALOMELOL.

A soluble colloidal form of calomel, containing albuminoids.

Actions and Uses.—Its action is the same as that of calomel, but it is claimed to be superior because of its solubility in water, acting more rapidly and efficiently. Calomelol is claimed to be non-irritant and particularly non-toxic. The indications for its use are the same as for calomel. Dosage.—Internally the same as calomel. Externally it is used as a dusting powder, mixed with an equal quantity of starch or of a mixture of starch and zinc oxide, or in the form of calomel ointment. It should be guarded from the light. Manufactured by the Heyden Chemical Works, New York.

CALOMELOL OINTMENT.

Actions and Uses.—It is a substitute for mercurial ointment, over which it has the advantage of cleanliness, and it is claimed to be distinctly superior as an inunction in syphilis, etc. Dosage.—6 Gm. (90 grains) daily for inunction in syphilis. Manufactured by the Heyden Chemical Works, New York.

CASCARA EVACUANT.

A preparation said to contain a bitterless glucoside, obtained from the bark of *Rhamnus purshiana*, with aromatics.

Actions and Uses.—It is claimed that this preparation possesses the laxative properties of cascara sagrada without the bitterness which characterizes the ordinary extract. It is recommended for the treatment of chronic constipation for which cascara sagrada is one of the best medicinal agents. Dosage.—As a laxative, 0.6 to 1 Cc. (10 to 15 minims) three times a day; as a purgative, 1.3 to 2 Cc. (20 to 30 minims) morning and evening. 4 Cc. (1 fluidram) may be given in obstinate cases. Prepared by Parke, Davis & Co., Detroit, Mich.

CASCARA TONIC LAXATIVE GLOBULES.

Each globule is said to contain 0.2 Gm. (3 grains) of the bitter glucosides of *Rhamnus purshiana* suspended in a bland fixed oil, to which aromatics have been added.

Actions and Uses.—The manufacturers claim that it combines the laxative action of cascara with tonic properties of the bitter principle with the advantage of concealment of the disagreeable taste. Dosage.—One or two globules to be taken before retiring.

Prepared by Parke, Davis & Co., Detroit, Mich.

CHINAPHENIN.

Chinaphenin, $\text{CO}(\text{NH}.\text{C}_6\text{H}_4\text{OC}_2\text{H}_5)(\text{C}_2\text{OH}_2\text{N}_2\text{O}_2) = \text{C}_{20}\text{H}_{33}\text{N}_3\text{O}_4$, the quinine carbonic acid ester of phenetidin.

Actions and Uses.—Chinaphenin combines the antiperiodic properties of quinine with the analgesic power of phenacetin, with the advantage of tastelessness and asserted freedom from symptoms of cinchonism produced by the administration of the two remedies in simple mixture. It is recommended in febrile diseases, especially la grippe; in spasmodic conditions, such as whooping-cough; in certain forms of malaria and in neuralgia. **Dosage.**—Adult: 0.3 to 0.6 Gm. (5 to 10 Grains) ordinarily, 1.5 to 2 Gm. (22 to 30 grains), given in two doses as an antipyretic in neuralgia and malaria; in whooping-cough. 0.13 to 0.3 Gm. (2 to 5 grains), according to age. Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

CHLORBUTANOL.

Chlorbutanol, 1,1,1-trichlor-2-methyl-prop an-2-ol, $\text{CCl}_3.\text{C}(\text{OH})(\text{CH}_3).\text{CH}_2=\text{C}_4\text{H}_7\text{OCl}_3$, produced by the reaction of acetone on chloroform.

Actions and Uses.—It is said to be absorbed unchanged, but to be decomposed in the body. It is a local anesthetic with an action weaker than that of cocaine, but sufficient to prevent vomiting from gastric irritation. Its antiseptic action is said to be fifteen times as strong as that of boric acid. It acts on the central nervous system similarly to chloral, and although the claim has been made that hyponotic doses are without effect on the circulation and respiration, independent observers have described a fall of blood pressure and interference with respiration in animals, and consider it fully as dangerous as chloral. In man 100 grains caused severe symptoms, but recovery occurred. It is claimed that no habit is induced, but this may be referable to its restricted employment. It is recommended as a mild local anesthetic, in dentistry, etc., as a preservative for hypodermic solutions, for insomnia, vomiting and for spasmodic conditions. It is also said to be useful as introductory to general anesthesia, lessening excitement and nausea. **Dosage.**—The dose is from 0.3 to 1.5 Gm. (5 to 20 grains) dry or in capsules. Hypodermically

as a local anesthetic a saturated aqueous solution may be used.

CHLORETONE.

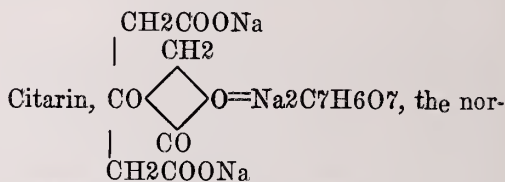
A name applied to chlorbutanol, which see. Manufactured by Parke, Davis & Co., Detroit, Mich.

CHLORETONE INHALANT.

A solution of chloretone, camphor, menthol and oil of cinnamon in liquid petrolatum.

Actions and Uses.—An anodyne, antiseptic, and emolient solution for use by inhalation as a very fine spray or nebula. Manufactured by Parke, Davis & Co., Detroit, Mich.

CITARIN.



mal sodium salt of anhydromethylene,ene-citric acid.

Actions and Uses.—This is one of the compounds which it is claimed increase the elimination of uric acid by forming very soluble compounds with that substance. It has been recommended for gout and chronic rheumatism. **Dosage.**—1 to 2 Gm. (15 to 30 grains), largely diluted with water. Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

CREOSOTAL.

A mixture of carbonic acid esters, analogous to guaiacol carbonate, prepared from creosote.

Action and Uses.—Creosotal has the same action as creosote, but is claimed to be non-toxic and devoid of irritant properties. It is recommended as a substitute for creosote for internal exhibition in tuberculosis, pneumonia, and as an intestinal antiseptic. **Dosage.**—From 0.3 to 2.0 Gm. (5 to 30 grains) for children, to 1 to 4 Gm. (15 to 60 grains) for adults in milk, coffee, wine, cod-liver oil or emulsion. Externally it may be applied undiluted. Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York). Fabrik von Heyden, Radebeul, near Dresden.

DENTALONE.

A 30 per cent. solution of chloretone in a mixture of oils of gaultheria, cloves and cassia.

Actions and Uses.—Dentalone possesses pronounced anesthetic properties and is intended for use by dentists in the treatment of exposed nerves in decayed teeth. Prepared by Parke, Davis & Co., Detroit, Mich.

DERMATOL.

A name applied to Bismuthi Subgallas, U. S. P. Manufactured by Meister, Lucius & Bruening, Hoechst a. M. (Victor Koechl & Co., New York).

DIABETIN.

A pure, crystallized fructose (levulose), $C_6H_{12}O_6$, absolutely free from dextrose (ordinary glucose).

Actions and Uses.—Levulose is metabolized in the body by other agencies than those that act on dextrose and most of the other sugars and appears to be more completely utilized by the diabetic organism than the other sugars. It is recommended for the nutrition and for sweetening the food and drink of diabetics, in pulmonary tuberculosis, infantile malnutrition and marasmus. Dosage.—It is given in diabetes in daily quantities of 30 to 60 Gm. (1 to 2 ounces): in grave forms of the disease the amount is reduced to from 12 to 24 Gm. (3 to 6 drams) daily. Manufactured by Chemische Fabrik auf Actien, vorm. E. Schering, Berlin (Schering & Glatz, New York).

DIONIN.

Dionin, $C_{17}H_{17}NO(OH)(OC_2H_5)HCl + H_2O = C_{19}H_{24}O_3CIN + H_2O$, the hydrochloride of the ethyl ester of morphine.

Actions and Uses.—It is claimed that this compound acts like morphine without producing constipation, nausea or lassitude. It is the conclusion of some good observers that it possesses no advantage over codeine. Applied to the eye, it causes a local vasodilation, leading to acute conjunctival edema. Dionin is recommended to relieve pain, especially in respiratory affections, as an antispasmodic in whooping-cough, for insomnia and externally in the treatment of corneal affections, conjunctivitis, iritis, etc. Dosage.—0.015 to 0.06 Gm. (1-4 to 1 grain). Externally it is ap-

plied in 10 to 20 per cent. solutions. Manufactured by E. Merck, Darmstadt. (Merck & Co., New York).

DIURETIN.

A name applied to theobromine-sodium salicylate, which see. Manufactured by Knoll & Co., Ludwigshafen, Germany (E. Merck & Co., New York).

DUOTAL.

A name applied to Guaiacolis Carbonas, U. S. P. Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

DUOTONOL.

A name applied to a mixture of equal parts of calcium tonol and sodium tonol. (See Tonols.)

Actions and Uses and Dosage.—See Glycerophosphates. Manufactured by Chemische Fabrik auf Actien, vorm. E. Schering, Berlin (Schering & Glatz, New York).

ELIXIR EUPNEIN.

A preparation said to contain in each dose of 8 Cc. (2 fluidrams): heroin 0.0026 Gm. (1-24 grain), terpin hydrate 0.13 Gm. (2 grains), creosote 0.3 Gm. (5 grains), in a menstruum containing 30 per cent. of alcohol with glycerin and aromatic essential oils.

Actions and Uses.—From its composition it appears to be well adapted to use in chronic cough from bronchitis, etc. Dosage.—4 to 12 Cc. (1 to 3 fluidrams). Prepared by Schieffelin & Co., New York.

ELIXIR SAW PALMETTO.

An elixir of saw palmetto berries, sandal wood and cornsilk.

Actions and Uses.—The constituents of this preparation are credited with diuretic properties and believed to be sedative to the genitourinary tract and to exert a curative action on the inflamed mucous membrane, especially in chronic cases. Dosage.—4 to 16 Cc. (1 to 4 fluidrams) three times a day. Prepared by Parke, Davis & Co., Detroit, Mich.

EMPYROFORM.

A condensation product of birch tar and formaldehyde.

Actions and Uses.—Empyroform is an antipruritic, sedative and desiccant. It is said

to be superior to tar and free from irritant or toxic effects. It is claimed to be useful in all stages of eczema, psoriasis, lichen, urticaria, prurigo, pityriasis, etc. Dosage.—It is applied as a 5 to 10 per cent. ointment, 10 to 20 per cent. zinc paste, 10 to 20 per cent. tincture, and 37.5 per cent. suspension. Manufactured by Chemische Fabrik auf Actien, vorm. E. Schering, Berlin (Schering & Glatz, New York).

EPICARIN.

Epicarin, $C_6H_3(OH)(COOH)(CH_2C_{10}H_6OH)_2$:3:1 = $C_{18}H_{14}O_4$, *B*-naphthol-hydroxy-toluic acid.

Actions and Uses.—Epicarin is a non-poisonous antiseptic and parasiticide. Administered internally, it is excreted mostly undecomposed. It has been found useful in the treatment of skin diseases, particularly scabies, tinea tonsurans, prurigo and certain forms of eczema. Dosage.—It is used externally only in the form of 5 to 20 per cent. ointment, with petrolatum or wool fat (lanolin) as base, or in the form of oily or alcoholic solutions (10 per cent.). Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

ERYTHROL TELRANITRATE.

Erythrol tetranitrate, $C_4H_6(NO_3)_4 = C_4H_6O_{12}N_4$, the tetranitrate of erythrite or butane-tetrol, $C_4H_6(OH)_4$.

Actions and Uses.—It is a vasodilator and antispasmodic, like nitroglycerin. Its action is slower and more lasting; it begins in 15 minutes and persists for three or four hours. It is recommended in angina pectoris and cardiac diseases. It is reported as especially useful as a prophylactic in preventing anginal pain. Dosage.—Because of its explosiveness it is marketed in the form of tablets, each containing 0.03 Gm. (1-2 grain). One or two tablets every four to six hours. Manufactured by E. Merck, Darmstadt (Merck & Co., New York).

ETHYLENEDIAMINE.

Ethylenediamine, $C_2H_4(NH_2)_2$, a substitution compound of ethylene and ammonia.

Actions and Uses.—It is said to be non-corrosive. It is recommended as an albumin solvent for the solution of false membranes in diphtheria and similar affections of the mucous membranes. It is recommended for use in the form of kresamine (which see). Manufactured by Chemische Fabrik auf Ac-

tien, vorm. E. Schering, Berlin (Schering & Glatz, New York).

EUCAINE.

The "Eucaines" are two closely allied synthetic bases, which were originally differentiated as eucaine "A" and eucaine "B," but are now designated as "Alpha-eucaine" and "Beta-eucaine," respectively, alpha-eucaine being a synthetic derivative of triacetoneamine, while beta-eucaine is a synthetic derivative of vinyl-diacetonekalmine. Both of these bases are supplied as hydrochlorides and are recommended as substitutes for cocaine, over which they are claimed to have certain advantages. They are described under alpha-eucaine hydrochloride and beta-eucaine hydrochloride.

(To be continued.)



TYREE'S ANTISEPTIC POWDER.

REPORT OF THE COUNCIL ON PHARMACY AND CHEMISTRY.

Tyree's antiseptic powder was assigned for examination to a subcommittee of the Council, which made the following report:

To the Council on Pharmacy and Chemistry: Your subcommittee, to whom was assigned Tyree's Pulv. Antiseptic Comp., marketed by J. S. Tyree, Washington, D. C., reports as follows:

The label on the package states: "This preparation is a scientific combination of borate of sodium, alumen, carbolic acid, glycerin and the crystallized principles of thyme, eucalyptus, gaultheria, and mentha, in the form of a powder," etc.

The statement that the powder contains the crystalline principles of thyme, eucalyptus, gaultheria and mentha is vague and misleading, since the chief medical constituents of eucalyptus and gaultheria are liquids, but it tends to convey the impression that the powder contains the essential constituents of these drugs, namely, thymol, oil of eucalyptus or eucalyptol, oil of wintergreen, or methyl salicylate, and menthol.

The literature supplied to physicians claims its composition to be: "Parts, sod. bor., 50; alumen, 50; ac. carbol., 5; glycerin, 5. the cryst. principles of thyme, 5; eucalyptus, 5; gaultheria, 5, and mentha, 5."

The composition, therefore, might be expressed as follows:

Sodium borate (borax)	.50 parts, or	38.46 per cent.
Alum	.....50 parts, or	38.46 per cent.
Phenol (carbolic acid)	... 5 parts, or	3.85 per cent.
Glycerin	..... 5 parts, or	3.85 per cent.
Thymol	..... 5 parts, or	3.85 per cent.
Oil of eucalyptus or eucalyptol	..... 5 parts, or	3.85 per cent.
Oil of gaultheria (or methyl salicylate)	..... 5 parts, or	3.85 per cent.
Menthol	..... 5 parts, or	3.85 per cent.

Analysis of specimens purchased from different sources in the open market were made under our direction. The reports of the chemists show that Tyree's antiseptic powder contains no borax, or mere traces only, and that it contains no alum, or mere traces only. Instead, the analysis show that boric acid and zinc sulphate are the essential constituents. The amounts of carbolic acid, thymol, menthol, etc., contained in the powder, if present, were far below the quantities indicated by the formula. The presence of glycerin could not be demonstrated, and if present the amount must be very small.

One chemist reports:

The result of analysis shows that different samples differ slightly in composition, but that the following indicates the average composition of the product.

Zinc sulphate, anhydrous	.....15.56
Boric acid	.....81.26
Volatile matter at 100° C. for four hours	..... 0.45

The undetermined portion consists of salicylic acid, carbolic acid, menthol and eucalyptol: possibly other antiseptic agents may be present in very minute quantities.

From the above findings we conclude that Tyree's antiseptic powder is a mixture of boric acid and dried zinc sulphate and antiseptic bodies, such as menthol, salicylic acid and carbolic acid, eucalyptol, etc. From this it can be readily seen that the label which is supposed to set forth the composition of Tyree's antiseptic powder is not in accord with the facts. The powder does not contain either borate of sodium or alum, and the presence of glycerin could not be established. The antiseptic agents, exclusive of the boric acid, are present only in small amounts.

The report of another analyst concludes as follows:

It evidently contains less than the amount stated of the principles of thyme, eucalyptus, wintergreen and mint. It also contains a very small amount indeed of carbolic acid, much less than that stated. We have been unable to identify certainly the presence of glycerin, and it is doubtful if it be present.

From the result of the analysis we feel confident that the preparation is to all intents and purposes a mixture of boric acid and sulphate of zinc.

The carbolic acid, thyme, eucalyptus, wintergreen, etc., if present, are present only in sufficient amount to give the compound a satisfactory odor.

In view of the fact that J. S. Tyree has given wide publicity to a formula which the preceding report has shown to be a deliberate misrepresentation of facts, it is recommended that the article be refused recognition by the Council on Pharmacy and Chemistry, and that this report be published in the *Journal of the American Medical Association*.

The recommendation of the subcommittee

was adopted by the Council in accordance with which the report is published.

W. A. PUCKNER, *Secretary*.

In a letter to the editor of the *Journal of the American Medical Association* Mr. Tyree admits changing the formula of the powder, and says that it had been his intention to state to the medical profession his reasons for making the change. Mr. Tyree does not state whether the change was made one year ago or five years ago, but the sample for the first analysis was purchased last February, and the first chemist's report was submitted to the Council March 5, 1906. On April 4, Mr. Tyree was notified by the Council that the composition of "Tyree's Antiseptic Powder" did not correspond with the formula published by him.

Whether or not Mr. Tyree is justified in offering our profession a preparation as composed chiefly of borax and alum, when in reality it is composed of boric acid and zinc sulphate, we leave to physicians to judge.

FRAUD AND DECEPTION IN PREPARATION OF COD-LIVER OIL.

The *Journal of the American Medical Association*, Oct. 13, 1906, exposes the fraud and deception practiced by certain proprietary firms in putting on the market preparations purporting to contain cod-liver oil, when, in fact, they contained no oil at all. It is conceded by pharmacologists that the value of these remedies depends on the nutritive power of the fat, and any preparation which contains fat must respond to simple tests which the physician can personally apply. The preparations claiming to represent cod-liver oil are in liquid form, and if they contain oil it must be in one of the following forms:

1. An emulsion of the oil which may be miscible with water, but from which the fat tends to separate and rise to the top. In this form the fat can be seen as globules under the microscope.

2. A solution, resulting from the saponification of the oil, containing a soap which usually will be alkaline in reaction, especially when mixed with water, and from which fatty acids are separated as a precipitate when the solution is acidified.

3. A solution of fatty acids. This will be acid in reaction and will be precipitated

by the addition of water, in which the fatty acids are not soluble.

An examination of one of these preparations, e. g., Waterbury's Metabolized Cod-Liver Oil, which, it is claimed, "contains the metabolized product obtained by the action of ferments on cod-liver oil," shows that it is neither an emulsion, a solution of soap, nor a solution of fatty acids, and more careful analysis shows that it contains no fat or fat acids (except the merest traces). No intelligent physician should be misled by the extravagant and unfounded claims made for this preparation.

Hagee's Cordial of Cod-Liver Oil is a representative of a class of preparations which claim to "represent the oil, but contain no fat," and are therefore practically worthless.

The claims of therapeutic value for such preparations can not be substantiated. Some such remedies are advertised as extracts of cod-liver oil, when, in fact, they are made from cod livers, but not from cod-liver oil. These preparations, if honestly made, might be worthy of a trial, but they are not preparations of cod-liver oil, and should not be so termed. So far as we know, however, no satisfactory evidence is forthcoming that such extractives have any therapeutic value.

The attempt to modify cod-liver oil for therapeutic purposes may be pronounced a failure and the large variety and extensive sale of these preparations appear to be owing to the fact that physicians do not recall the ordinary facts of chemistry, but accept too readily the statements of the manufacturers.





BOOK REVIEWS



A MANUAL OF PATHOLOGY. By Guthrie McConnell, M. D., Pathologist to the St. Louis Skin and Cancer Hospital and to St. Luke's Hospital, St. Louis, Mo. 12mo of 523 pages, illustrated. Philadelphia. W. B. Saunders Company. Flexible leather, \$2.50 net.

A perusal of Dr. McConnell's work on Pathology is indeed a pleasure. While this is a manual and is not intended to supplant the more voluminous works on this branch, one can get the gist of a matter without wading through an ocean of reading.

Dr. McConnell's work will fill a long felt want for those desiring a concise work and one that is cheap and yet in every way intended to meet the wants of the busy practitioner.

ATLAS AND TEXT-BOOK OF HUMAN ANATOMY. Volume II. By Professor J. Sobotta, of Wurzburg, Edited with additions, by J. Playfair McMurrich, A. M., Ph. D., Professor of Anatomy at the University of Michigan, Ann Arbor. Quarto volume of 194 pages, containing 214 illustrations, mostly all in colors. Philadelphia and London. W. B. Saunders Company, 1906. Cloth, \$6.00 net; Half Morocco, \$7.00 net.

The second volume of Sobotta & McMurrich's Anatomy is just received. In keeping with Volume No. 1, the illustrations in this are superb; and the press work is equally as good as the illustrations. Both editors are teachers of world renown. Their experience is just such as a work of this magnitude would necessarily have to employ; and it is a success. In our opinion it is the best anatomy published.

A MANUAL OF NORMAL HISTOLOGY AND ORGANOGRAPHY. By Charles Hill, Ph. D., M. D., Assistant Professor of Histology and Embryology, Northwestern University Medical School, Chicago. 12mo volume of 463 pages, with 312 illustrations. Philadelphia. W. B. Saunders Company. Flexible leather, \$2.50 net.

This work is short, concise, yet in every way sufficiently plain and practical as to meet with the wants of the general practi-

tioner. It is just such a work as this that the busy doctor runs to in his hurry to get advice on certain points, and in reading Hill's volume he will not be disappointed.

THE ELEMENTS OF THE SCIENCE OF NUTRITION. By Graham Lusk, Ph. D., M. A., F. R. S. (Edin.), Professor of Physiology at the University and Bellevue Hospital Medical College, New York City. Octavo of 326 pages, illustrated. Philadelphia. W. B. Saunders Company, 1906. Cloth, \$2.50 net.

One does not find a work on the elements of the science of nutrition in every doctor's library. It is a branch that is not thoroughly understood, though it is not the least important. This work by Dr. Lusk is comprehensive; and, while it is short it is plain and practical. No physician should lack the essential knowledge of the science of nutrition. This little book is intended for the busy doctor, yet will give him all that is necessary on this branch.

STARR ON NERVOUS DISEASES. Organic and Functional Nervous Diseases. By M. Allen Starr, M. D., Ph.D., LL.D., Professor of Neurology in the College of Physicians and Surgeons, New York; ex-President of the American Neurological Association and of the New York Neurological Society. Second edition, thoroughly revised. Octavo, 824 pages, with 282 engravings and 26 full-page plates. Cloth, \$6.00, net; leather, \$7.00, net. Lea Brothers & Co., Philadelphia and New York, 1907.

The author has taken a position in this work on neurology which shows an advance in that field. His great experience as a teacher places him in the front rank of authors; he is capable, therefore of writing a text-book that is complete in every detail. The first edition of this work has long since been exhausted. Although it is limited to organic nervous diseases, this revision takes in everything to date and adds a section covering functional diseases, and the volume now embraces the whole field of neurology as is understood and practiced by one who is master of his branch. Writing this book is largely built upon the foundation of long experience, although the well-attested knowl-

edge of other authors has not been overlooked. Dr. Starr's work is practical and covers the whole subject; is authoritative, and is a splendid contribution to the literature on nervous diseases.

WOMAN IN GIRLHOOD, IN WIFEHOOD, IN MOTHERHOOD. By M. Solis-Cohen, A. B., M. D., instructor in Physical Diagnosis, University of Pennsylvania; visiting physician to the Hospital for Diseases of the Lungs, Chestnut Hill; Assistant Physician to the Philadelphia General Hospital; Physician to the Children's Dispensary of the Jewish Hospital, Philadelphia, Pa. A Manikin Chart with each book. Bound in Extra Cloth, Gold Backtitle, each book encased in serviceable box. Price \$2.00, net. Postage 20 cents extra. The John C. Winston Company, Philadelphia.

This work is intended to be placed in the hands of the physician ostensibly to be recommended to those of his clientele needing such a work; and as such it cannot be too highly recommended. It is said that ignorance is largely responsible for crime and disease. If every woman and every girl in the United States could read this work, there is no doubt but that they would be informed in a way that would be beneficial all through their lives.

PETERSON'S OBSTETRICS. The Practice of Obstetrics. By Eminent Authorities. Edited by Reuben Peterson, A. B., M. D., Professor of Obstetrics and Diseases of Women in the University of Michigan, Department of Medicine and Surgery, Ann Arbor, Mich. Large octavo, about 1087 pages, with 523 engravings and 30 full-page plates in colors and monochrome. Cloth, \$6.00, net; leather, \$7.00, net; half morocco, \$8.00, net. Lea Brothers & Co., Philadelphia and New York, 1907.

Dr. Peterson has produced an excellent work and this volume completes the practitioner's library on gynecology, obstetrics and pediatrics. There is no doubt that the high standard of excellence that was set by its companions, Gynecology and Pediatrics, is not too high for this; as it is equal in every respect to the other two works. The medical profession has now an authoritative exposition in a very convenient form; a splendid work on the practice of Obstetrics. Dr. Peterson's well known experience as a teacher gives weight to this volume. The illustra-

tions made for this work are exceptionally fine and they have been produced largely from original photographs taken from life. There is no question but what Dr. Peterson has unusual facilities at his command which renders it possible to secure an unusually fine selection, representing various points in the texts. This work is a magnificent contribution to the literature on obstetrics.

A TEXT-BOOK UPON THE PATHOGENIC BACTERIA. For Students of Medicine and Physicians. By Joseph MacFarland, M. D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College, Philadelphia. New (5th) Edition. Octavo volume of 647 pages, fully illustrated, a number in colors. Philadelphia and London. W. B. Saunders Company, 1906. Cloth, \$3.50, net.

Pathogenic bacteria is a study that is at once beautiful, as well as instructive. The practitioner must know something of this branch, in order to be successful and the text-book of Dr. MacFarland is a superb effort. It is full and complete and the fact that this is the fifth edition shows how well that it has been received. The volume will meet every requirement for which it is intended.

A TEXT-BOOK OF PATHOLOGY. By Alfred Stengel, M. D., Professor of Clinical Medicine in the University of Pennsylvania. Fifth Revised Edition. Octavo of 977 pages, with 399 text-illustrations, many in colors, and 7 full-page colored plates. Philadelphia. W. B. Saunders Company. Cloth, \$5.00, net; Half Morocco, \$6.00, net.

This text-book of Pathology is intended for the student and practitioner. It is replete with illustrations, and is full and complete in every respect. There is no text-book on Pathology that one will read with more interest than Stengel's. This is the fifth revision, which bespeaks of the reception that has been accorded it. For the student or practitioner who wishes to invest in a work on Pathology Stengel's will meet every requirement.

WHITMAN'S ORTHOPEDIC SURGERY. A Treatise on Orthopedic Surgery. By Royal Whitman, M. D., Instructor in Orthopedic Surgery in the College of Physicians and Surgeons, New York; Chief of Orthopedic Department in Vanderbilt Clinic, New York. Third edition, revised and enlarged. Octavo,

900 pages, with 554 illustrations, mostly original. Cloth, \$5.50, net. Lea Brothers & Co., Philadelphia and New York.

Orthopedic Surgery is a branch that is not so thoroughly understood by the most of practitioners. Dr. Whitman has written a treatise on orthopedic surgery which is complete in every detail. The illustrations, mostly original, are superb. Chief among the advances is the fact that much suffering endured by these patients is preventable and curable, when taken in early life when the structures are plastic and pliable and treatment is more efficacious and easier. The family physician need not hesitate concerning these cases; the point is, he has first opportunity and is therefore an important factor and he is under obligation to detect these defects or to recognize when they must be referred to a specialist. Reading Dr. Whitman's work is a pleasure; as he presents his subject exactly along modern lines and is strictly up-to-date.

W. B. Saunders Company, of Philadelphia, have just issued a revision of their handsome illustrated catalog of medical, surgical, and scientific publications. Beyond question this is the most elaborate and useful catalog we have ever seen. The descriptions of the books are so full, the specimen illustrations are so representative of the pictorial feature of the books from which they are taken, and the mechanical get-up so entirely in keeping with the high order of the context. The authors listed are all men of recognized eminence in every branch and specialty of medical science. The catalog is well worth having, and we understand a copy will be sent free upon request.

THE PRACTITIONER'S MEDICAL DICTIONARY. An Illustrated Dictionary of Medicine and Allied Subjects, Including all the words and Phrases Generally used in Medicine, with Their Proper Pronunciation, Derivation, and Definition. By George M. Gould, A. M., M. D., author of "An Illustrated Dictionary of Medicine, Biology, and Allied Sciences," "The Student's Medical Dictionary," "30,000 Medical Words Pronounced and Defined," "Biographic Clinics," "The Meaning and Method of Life," "Borderland Studies," etc.; Editor of "American Medicine." With 388 Illustrations. Octavo; xvi X 1043 pages. Flexible Leather, Gilt Edges, Rounded Corners, \$5.00; with Thumb Index, \$6.00, net.

P. Blakiston's Son & Co., Publishers, 1012 Walnut Street., Philadelphia.

This dictionary is possessed of distinctive merits. The book is strictly new in every respect, just from the press, 1907. A perusal shows conclusively that it is well adapted to the needs of the general practitioner. Its contents are based on recent medical literature, while its object is to supply a book to which the busy practitioner may run to and easily and conveniently ascertain medical words, terms, etc.

It contains among other features, the terms of the Basle anatomical nomenclature (B. N. A.), standards of pharmaceutical preparations, tables, signs and abbreviations, such as are used in general medicine, English and Metric systems of weights and measures, all made up in a form that is suited to ready reference; fully indexed and illustrated, and attractive in appearance; it is splendidly printed on tough thin paper, which is strictly first-class, while the employment of a new clear type facilitates ease and comfort in reading. The illustration are 388 in number with 1043 pages. One feature of this work which should commend it very highly is the fact that over 200,000 copies of Dr. Gould's dictionaries have been sold. This is sufficient evidence that this special work will meet with the same earnest consideration by the general practitioner throughout the United States. The editors have done their work well, while the publishers have kept pace with the rapid progress in the things pertaining to the printer's art. The book is a meritorious one.

The following pamphlets have also reached the Secretary's desk:

American Medical Association, Bureau of Medical Legislation, Record of the Conference of Committee on Medical Legislation with the National Legislative Council, held at Washington, D. C., December 13, 14 and 15, 1906. Fifty-ninth Congress, Second Session. Press of A. M. A. 103 Dearborn Avenue, Chicago. 1907.

Personnel of the American International Congress on Tuberculosis, in Joint session with the Medico Legal Society of New York, at Hotel Astor, New York, N. Y., November 15, 1906.

Gastrogenic Diarrhea, by Charles D. Aaron, M. D., Detroit Mich. Reprinted from

the *Medical Fortnightly*, St. Louis, Mo., December 10, 1906.

Clinical lecture on Malignant and Non-Malignant growths, by William Seaman Bainbridge, A. M., M. D. Surgeon Skin and Cancer Hospital, Attending Surgeon New York Children's Hospitals and Schools, etc. Reprinted from *Atlanta Journal Record of Medicine*, June, 1905.

A brief resume of the World's Recent Cancer Research, by the same author. Reprint from the *Medical Record*, September 1, 1906, Press of William Wood & Co., New York. Compliments of author.

THE GROWING YEARS by same author. Abstracts from lectures delivered at Chautauqua, season of 1905, under the title of "Helps and Hindrances to in the Development of the Child." Press of the H. H. Otis Book Company. Buffalo, and Chautauqua, N. Y. 1906.

MALIGNANT AND NON-MALIGNANT GROWTHS, Same author. Reprinted from *American Journal of Surgery*, August, 1906.

The Bulletin of the University of Nebraska, College of Medicine, Vol. 1, Nos. 1 to 4. Lincoln, Neb. Copies may be obtained on application to Dr. A. E. Guenther, Station A, Lincoln. Neb.

HYMENOLEPIS NANA AND HYMENOLEPIS DIMINUTA, with report of Cases. William H. Deaderick, M. D., Marianna,

Ark. Reprinted from *The Journal of the American Medical Association*, December 22, 1906.

SAUNDERS' CATALOG of Medical and Surgical Books, Illustrated. Revised to January, 1907. W. B. Saunders Company, 925 Walnut Street, Philadelphia.

A CLINICIAN'S OBSERVATIONS OF OPSONIC THERAPY, by Charles D. Aaron, M. D., Detroit. Reprinted from the *New York Medical Journal*, December 1, 1906. Press of A. R. Elliott Publishing Company.

MENSURATION OF THE CHILD IN THE UTERUS WITH NEW METHODS, by Ellice McDonald, M. D., Clinical Assistant in Gynecology, College of Physicians and Surgeons, New York. Reprinted from *The Journal of American Medical Association*, December 15, 1906.

Also the following pamphlets issued by the Illinois State Board of Health: Scarlet Fever (Scarlatina), Its Prevention, Restriction and Suppression.

Diphtheria, Its Prevention, Restriction and Suppression.

Typhoid Fever, Its Prevention, Restriction and Suppression.

Copies of the above pamphlets may be obtained in any quantity, free of cost, by addressing the Secretary at Springfield, Ills.



THE JOURNAL

OF THE

Arkansas Medical Society

VOL. III

LITTLE ROCK, ARKANSAS, MARCH 15, 1907

No. 10

Papers Read and Discussions on Same

Before the Arkansas Medical Society, Hot Springs, May 8-10, 1906.

PATHOLOGY OF CARCINOMA OF THE UTERUS.

(By Dr. Nettie Klein, Texarkana.)

Mr Chairman, Ladies and Gentlemen:

I am profoundly appreciative of the honor, through the invitation of your President, Dr. S. M. Carrigan, of addressing the State Medical Society of Arkansas. My appreciation is emphasized and deepened by the knowledge of the prominence of this society and the importance of its labors. Its work has attracted universal recognition and praise. Its history is one of the chief ornaments of our beloved profession. I think it is not only appropriate but just to speak an humble but earnest tribute to a society which has labored so effectively to elevate the standards and popularize the principles of medical ethics and medical science. Coming, as I do, from another state and another society, I assure you that I am but giving expression to the general and heartfelt verdict of your brethren in the profession everywhere. Certainly no profession is more closely interwoven with the destinies of the human race than ours. Certainly no society has shown a greater loyalty, a more effective devotion to our great profession than the organization which I now address. Vividly impressed with a realization of these facts, I approach my subject with a pardonable hesitation and with a request for every possible indulgence, for I am fully aware that I am before men skilled to the limit of human application in the countless and complicated phases of medical science.

Carcinoma of the uterus is so frequent and has been studied for so many ages, that it is difficult to say anything new about it; until its cause is discovered, however, we cannot afford to let so important a matter rest. Such inactivity would be a disgrace to medical science, and such neglect must not be encouraged; for the disease continues to grow in frequency and the time should always be ripe for the scientific study of a horror so monstrous. Moreover, the practice of resorting to radical operations for its cure, necessitates a more careful study of its morphology than some surgeons deem necessary. In the popular sense, every malignant neoplasm is a can-

cer. In medical science the term is usually restricted to certain malignant neoplasms of epithelial origin. The origin of this view we owe to Waldeyer and Thiersch. It has replaced the older doctrine of the connective tissue origin of the disease, as propounded by Virchow and his followers. Many theories have been advanced as to the etiology of carcinoma and, while occasionally we have had our hopes raised to the climax of expectancy, as yet we are still waiting for glad tidings of the real cause, or I should say causes, for every phenomenon in life is dependent on more than one cause.

The brilliant and original theory of Cohnheim, who taught that tumors arise by the growth of certain misplaced fragments of embryonal tissue and further declares that a tumor never had its origin from a mature tissue, but always developed from a matrix of embryonic tissue, is a theory that has much to recommend it, though does not explain the origin of all tumors. Cullen says that in cancer of the uterus, starting in the cervix or body, he never found the slightest evidence to support the theory of an embryonic origin. Infection, heredity and age have a pronounced influence on its occurrence. It is essentially a disease of middle life and not a senile disease in any sense of the word, as senility itself, per se, plays no essential feature in its development. The first five years after menopause furnish the largest contingent of cases. Possibly carcinoma of the cervix appears in preference after the menopause because the shrinking submucous connective tissue loses at this time its physiological resistance, thus opening pathways for invasion by epithelial cells. So we conclude that from thirty-five to forty-five is the usual age for its occurrence and from forty-five to fifty-five many cases still occur; but after this there is a marked falling off. Very few cases occur after seventy years; so the liability to uterine cancer lessens progressively in a marked degree at each period after fifty.

While the forces of growth, development and reproduction are in greatest activity, that is during the periods of intra-uterine life, infancy, childhood, adolescence and adult age, the tendency to uterine cancer is exceedingly small, the disease beginning its ravages as soon as the period of perfection has been attained, say

about thirty-five years. So, the liability waxes as the reproductive activities wane. Gusserow, by massing the statistics of several Continental and English authors, obtained a total of 3,385 cases, and of this large number only two originated under twenty. So, we conclude that instances of so-called cancer of the uterus reported by different men as having occurred at two years, nine months, ten and twelve years, were evidently sarcomatous. Emmett and his followers regard lacerations as a veritable Pandora's box for uterine maladies, and, with regard to cancer, go so far as to assert that in all cases the disease originates in lacerations. Senn alleges that a laceration of the cervix may not only act as an exciting cause, but that in addition it may furnish the essential matrix of embryonic epithelial cells. It is not difficult to understand that during the healing of a laceration of the cervix, new embryonic cells may become buried in the scar tissue and remain in this condition, constituting a tumor matrix of postnatal origin.

Against such a theory, we might say, that if uterine cancer really originated in lacerations, the precise seat of origin would correspond with the localities in which lacerations occur. In the initial manifestation, none of these conditions are fulfilled. The congenital cervical fissures that have been demonstrated by Fischel are very much like traumatic ones in the same situations. It is probable that the latter are often confused with congenital flaws of this kind. All that can be said of the parasitic nature of carcinoma is not proved. As soon as it can be satisfactorily shown that carcinoma and sarcoma are caused by microbes, they must be classified with infective swelling and not with tumors. There are certain marked differences between tumors and other infectious processes. All productive infectious processes are characterized by proliferation of one tissue only, the fibrillar connective tissue. No matter in what organ they occur, the infectious agents affect the interstitial tissue chiefly, the other elements suffering atrophy and degeneration. In carcinoma the epithelial cell is affected, and affected in such a manner as to occasion proliferation, not degeneration.

It is the epithelial cell at fault and the fault is its unlimited vegetation. It is the epithelial cell that occasions the metastasis, not the parasite; for in each metastatic tumor, cells of recognizable type are found. However, in regard to cancer of the cervix, it is more locally destructive, not usually causing metastasis, and as the horny layer of the cervix is usually poorly developed or entirely wanting, epithelial pearls are not frequently seen in sections.

Because of the size and great activity of certain of the epithelial organs of women, they seem more predisposed to cancer than men. Geographic distribution, occupation, irrigation and injury all have some supposed influence on the occurrence of carcinoma, but as you see we are still groping in darkness as to the genuine cause. It has been observed in the early stages of cancer patients, that most of those affected are large, robust, well nourished persons. The

pale, sallow, emaciated and woebegone aspect of patients with advanced uterine cancer, is a consequence and not an antecedent condition of the disease.

It is unfortunate that the onset is so insidious that patients, as a rule, consult the physician only after the disease has manifested itself by symptoms which belong to its advanced stage, unless accidentally discovered in the examination for obscure pelvic affections.

The subject of greatest importance to the gynecologist is the necessity and importance of being able to diagnose a carcinoma of the uterus before the typical group, consisting of leucorrhea, pain, dysuria, rectal tenesmus, cachexia and hemorrhage, with its unquestionable picture of malignancy, appears, and at which time it is too late to be of assistance to the sufferer. It is a simple matter to diagnose a case without the microscope when the lower segment of the uterus is the seat of fungous masses or of a deep excavation with an infiltration of stony hardness, nodulated and completely immobilizing the organ. At this stage a simple touch of the finger will suffice for the diagnosis, but it is different when the disease is limited to one lip of the cervix, or when the disease originates in the mucous membrane of the uterine cavity. Here microscopical examination is of greatest necessity and the pathologist must be thoroughly familiar with the histology of the uterus, for in examining a specimen, we are liable to misunderstand a picture that would lead to a serious error. We must remember that just at the cervix two different forms of epithelium meet, each of which is liable to decided change of form upon slightest irritation. Those conditions that clinically resemble cancer of the uterus and which only the microscope can decide, are the cases that would interest you most. When the outer surface of the cervix appears covered with a moist, shining, bluish-red mucous membrane, there is no reason for a test excision to be made. On the other hand, if the mucous membrane does not cover the entire surface of the vaginal portion, but ceases suddenly, giving place to small and large, very red, uneven and slightly bleeding spots, we are dealing with a pathological condition, possibly an ulcer of the portio vaginalis. The appearance of these various ulcerating conditions is no complex one, for a carcinoma also frequently shows ulcerating degeneration, for inflammation in carcinomatous tissue occurs precisely as in normal tissue.

The existence of an ulcer on the vaginal portion, excepting those due to purely mechanical causes, or from long existing pressure of a pessary, may be due to tuberculosis, or syphilis. Concerning the ulcers caused by syphilis and tuberculosis on the vaginal portion of the uterus, few observations have been made. In syphilis, particularly, the productive inflammation may greatly resemble changes caused by carcinoma. This error is possible, since the two different forms of epithelium which unite on the vaginal portion have a tendency to proliferation after the slightest irritation. Examination here possesses a great anatomical interest and is of great importance for the

clinical diagnosis of the "early stage" of carcinoma.

Another condition of importance is a prolapse of the cervix. Coming in contact with the outer air causes a decided irritation to the prolapsed uterus, so that the squamous epithelium is increased three or four times its normal thickness. This thickness appears to be an aid to nature in protecting the part from injuries. Nevertheless, in many cases the epithelium is gradually thrown off through rubbing between the thighs and may form actual ulcers. The deeper the ulcer, the more irregular the surface and the more natural is a diagnosis, judging from an eye picture of malignant neoplasm. The ulcers bleed easily on touch either instrumental or otherwise, for these ulcerating surfaces, deprived of epithelium, are filled with turgid blood vessels possessing thin walls, which cause bleeding easily to occur. These ulcers, only in the rarest cases, are the starting point of carcinoma and on the contrary heal readily as soon as the injuring cause is removed.

Ectropion and inflammation of the cervical mucous membrane may assume a pathologic proportion so extensive as to simulate carcinoma. In the uterus of the virgin, the outer surface of the uterus is normally never covered with cylindrical sepithelium. This condition is different as soon as one or more childbirths have taken place, for after this, if the external os is torn so that it gapes, the previously invisible mucous lining of the cervix appears on the outer surface; while the part covered with squamous epithelium is forced back toward the fornix. This impression is still stronger if external irritation or congestion makes the blood supply greater and gives the surface a dark red appearance. The cervical mucous membrane may be so swollen that the lining welling out the external os rests upon the outer surface of the cervix like a fungus.

It is earnestly recommended that test excisions be made at regular intervals, provided the clinical symptoms, such as bleeding and discharge, do not disappear after continued treatment.

In connection with antecedent births, simple placental polyps, developing from placental remains, are not infrequently found in the uterus. These are related to the so-called destructive placental polyps. These are remains of chronic villi and proliferate, grow into the uterine wall, destroy the latter and finally may perforate the uterus at the point of former attachment of the placenta. These constitute the transition to deciduoma malignum which have only recently accurately been described. Opinions regarding these tumors are at variance. This is shown by the variety of names by which they have been designated, such as deciduoma malignum, sarcoma deciduocellular, destructive epithelial tumor of the placental attachment.

The process here is a typical malignant epithelial tumor, the cells of which correspond to the typical stromo cells of the decidua, partly possess great resemblance to those epithelioid and giant cells which are peculiar to the decidua serotina. The large epithelioid and giant

cells are considered by Marchaud as derivatives of the syncytium, because they resemble those elements morphologically and in their relation to the blood spaces in which they are observed isolated and in groups. These cells often form by coalescence, large trabecular-like and reticulated bands between the wide blood spaces. Somewhat smaller clear polyhedral cells, characterized by a particularly high glycogen content, also occur in these tumors. I might mention horo polyps, condylomata, erosions, endometritis at different stages lead to error in diagnosis from their clinical symptoms, and furnish proof that a diagnosis of carcinoma should not be made too hastily. It is necessary to remember that in every inflammation, hyperplasia of the epithelium may occur and the pathological process should be judged accordingly. On the other hand, I would say as general practitioners, you have a grave responsibility in the early diagnosis of uterine cancer. Where there is any unusual trouble with menstruation or vaginal discharge, the case should be carefully investigated and kept under observation. Thanks are due to Dr. Henry T. Brooks of the New York Post Graduate Hospital, and to Dr. S. W. Baudler, Adjunct Professor of Gynecology, for assistance in my work.

DISCUSSION

Dr. Runyan: This is a very important paper, and I am very glad that Dr. Klein has presented it to the Society at some length. Although I as not a pathologist, I think I may speak on this subject from the standpoint of the general practitioner. I believe it ought to be discussed from that standpoint, as well as from the pathological standpoint.

In regard to the reason why cancer is a disease of middle life, rather than that of senility, I believe the essayist failed to say anything about any theory that might bear upon that particular phase of the subject. The only theory worthy of credence, so far as I know, is that advanced by Dr. Mayo. It looks to me very plausible, and I must confess, somewhat fascinating. I think I will just mention it. In middle life the lymphatic system—the glandular system is most active. Any irritation at any point is readily absorbed by the lymphatic system and taken up by the lymphatic glands that drain any particular part that may be affected. As senility comes there is corresponding atrophy of the lymphatic glandular system, and in that way the spread of the disease is much less rapid. I know that some years ago I used to base my prognosis of cancer in cases in which I was going to operate, more or less upon the age of the patient.

I do not doubt that some of you have done the same thing and have been agreeably disappointed in some cases and the reverse in others. I told my patients before beginning to operate, that of course, I could remove it; but very probably it would be likely to return. I was not clear in my mind just how the age of the patient could assist me in preventing a return. This was my position until I saw Dr. Mayo's explanation of the reason why atrophy of the glandular system deterred the spread of the disease; then I understood why.

I believed the theory was very plausible and I resolved that I would accept it until I found something better.

I am not just exactly clear about what the essayist said of the laceration of the cervix but I was under the impression that she held to the opinion that laceration was not of any particular importance.

Dr. Klein: I said that according to Emmett they were very important; but this specific origin was not positively proven.

Dr. Runyan: I do not quite agree with the author of the paper, and for that reason I always urge the utmost care in technic of perineal repairs. I not only emphasize that wherever possible, but adhere strictly to it in my practice. If there were no other plausible reason than the prevention of carcinomatous sequelae attendant upon laceration of the cervix, that would be ample reason for immediate repair and the utmost care in technic.

In regard to diagnosis: Hemorrhage, or show of blood, occurring in the interval between menstruation, or after the cessation of menstruation, should arouse the suspicion of the physician, even though there be no pain, and the patient should be induced to undergo examination with the view of determining the real nature of the condition. It should be the duty of the physician to assist in the education of the laity along this line, in order that we may be able to get these cases for operation before it is too late to do a radical operation. So many of them come to the surgeon after months and months of treatment by the general practitioner, he not suspecting the true nature of the disease, because he has not taken the trouble to require the patient to submit to examination. I want to insist that in these suspicious cases no local or constitutional treatment be begun without careful examination; and, where the case is the least suspicious, a microscopical examination may be made to determine the true nature of the case. Early operation is the only salvation for these cases.

Dr. Holder: This paper is certainly well written, and the subject chosen by the essayist is a very important one.

Possibly it might have been well to have said when we get to the body of the uterus and the vaginal walls we find the lymphatic system in these instances abnormally prolific. Unless you get rid of this destructive abscess before the process has involved the deeper structure, you might as well not attempt any removal or other surgical procedure. I believe it is given up by the ablest operators in this country and Europe, that unless operation for removal of the cervix is had, it will result in no advantage in the treatment of the condition: that statistics will show it is always to be feared that it will probably recur. Now, why not operate? If it comes back, involving the body of the uterus, you will not then have, as has been brought out, so prolific and extensive lymphatic system to deal with. These metastatic processes affix themselves to the adjacent gland, and when you remove the cervix you have most likely not done anything, except to probably stay the disease for a few months. I was talking

to Dr. James B. Murphy of Chicago, the other day, and he threw up his hands in horror when we came to speak of cancer of the uterus. He regarded hysterectomy as futile unless you cut out the diseased process before it has involved the structure around the point of invasion.

The only remedy is to remove these carcinomatous growths before they have involved the vaginal wall, and the condition should be easily recognized. I should not like to go on record as having dilly-dallied along and just postponed the matter month after month. Advise your patient to submit to an operation at once. It is entirely amenable to surgical relief, if you cut it out before metastatic action has taken place.

Dr. Klein. I have nothing to add, except to again thank you gentlemen for the honor of allowing me to address you on this subject and for the full and favorable discussion elicited.

(END OF PATHOLOGY UTERUS—KLEIN)

—X— SOME OF THE ADVANTAGES OF THE PNEUMATIC SIGMOIDOSCOPE OVER THE ORDINARY PROCTOSCOPE.

(By Dr. William V. Laws, Hot Springs.)

At the meeting of the Mississippi Valley Medical Association held in Chicago, Ill., October, 1899, I presented to the profession a new instrument for examining the rectum and lower colon, which I termed the pneumatic sigmoidoscope. As far as I have been able to ascertain from the literature of the subject, it was the first instrument of the kind making use of the two principles which makes it differ from other forms of speculae; namely, the direct illumination and direct inflation of the bowel.

Since presenting my instrument, Dr. J. P. Tuttle, of New York, and Dr. Straus, of Berlin, Germany, have devised similar instruments of slightly different forms, but without adding any new principles. Moreover I wish to state that I did not allow the surgical instrument maker to take out a patent on my instrument, otherwise it possibly would be the only new pneumatic instrument on the market. After publishing a paper describing the instrument in *American Medicine* of Philadelphia, January, 1900, I have had absolutely nothing more to say in regard to the subject, knowing that if it proved useful to the profession, it would continue to be used, otherwise it would be forgotten. However, I am glad to learn it is being used by some of the best surgeons of the country, and that quite a number of the instruments have been sent abroad.

I also know that the instrument has been of signal service to the surgeons who have been called upon to treat the numerous cases of colitis following amebic and other forms of dysentery in the men who have returned from the Philippines.

In order to obtain the best results with the instrument, it is necessary to prepare the patient by giving a purgative the day before, and an enema at least six hours before the time for the examination, so as to insure the

bowel being perfectly cleared of not only fecal matter, but all the water as well.

Anesthetic Not Necessary.

As a rule a very satisfactory examination of the entire rectum and sigmoid colon can be made without anesthesia, as the patient will not suffer any pain, but probably only complain of the sensation of their bowels wanting to move.

As the danger of perforating the bowel into the peritoneal cavity existed when the older methods were in use, many surgeons hesitated about making an examination under anesthesia, as they wanted the sensation of the patient to guide them in regard to the amount of force to apply; but with the pneumatic sigmoidoscope the end of the tube is constantly under guidance of the eye, thus obviating this danger, and permitting the use of the anesthetic if it is desired for any reason.

A very nervous patient had possibly better be examined under anesthesia.

Position of the Patient.

For the examination of the rectum only, the left lateral or Sim's position is the most convenient. When the sigmoid colon is to be explored the patient should be placed in the knee chest posture.

Introduction and Manipulation of the Instrument.

The cord from battery or transformer, should be connected with the handle, the obturator placed into position. the instrument is introduced through the anus until the end of the tube is just above the internal sphincter muscle only; the obturator is now removed, the lamp carrier placed in position in the tube, the glass cap is put on the hand piece, the current is turned on until the lamp is sufficiently bright; the bowel now is gradually inflated by working the air bulb with the left hand, while the right hand manipulates the handle so as to carry the instrument up the bowel without letting it come in contact with the wall of either the rectum or sigmoid. The bowel being thoroughly inflated, at the same time being perfectly illuminated, the position of the end of the tube may be constantly changed so as to give a passing picture of the condition of the mucous membrane of the entire rectum and sigmoid colon without doing the least traumatism to the parts.

To Prevent the View Being Obscured.

Sometimes when an examination is made in a cool room, moisture will condensate on the glass and obscure the view. This difficulty may be overcome by dipping the window in hot water, afterwards wiping dry before using it. In case mucus or blood should become smeared over the lamp, the cap should be removed and the lamp carrier taken out, washed and replaced. This is a much simpler way than to try to cleanse it with cotton swab as has been advised. It will not be necessary to remove the tube.

Size of Tube to Use.

It will be found convenient to have a complete set of interchangeable tubes, both long and short, so that the size may be selected

according to the degree of relaxation of the sphincter muscle. However, very satisfactory work may be done with only a long and short medium size tube. In case the sphincter muscle is relaxed that it will not retain the inflation, a pad of absorbent cotton wrung out of water and held closely around the tube, and pressed up tightly against the anus, will keep the air confined in the bowel.

When Examination is Completed.

After the examination is completed the cap should be removed and the air allowed to escape, otherwise the patient may complain of colicky pain due to the retained air.

Possibilities of the Instrument.

With the long tube one may examine in a most satisfactory manner the entire rectum and sigmoid colon, and when the mesentery of the descending colon is very long, which will admit its lumen to be brought into line of vision by the inflation, one may possibly see in this portion of the bowel as well. The short tube will be found best where the rectum only is to be examined.

The special cap with airtight aperture in window, allows therapeutic applications to be made to the bowel very conveniently, as well as making it possible to palpate any suspicious spots on the mucous membrane by the use of a blunt probe.

The obvious advantages of the Pneumatic Sigmoidoscope over the ordinary Proctoscope are as follows:

First—In order to obtain a perfectly satisfactory view of the entire rectum, the Sim's position is only necessary, which is quite a consideration, especially when called upon to examine a woman at their first office call.

Second—The instrument does away with the necessity of a special chair, table, or apparatus in order to obtain the proper position to facilitate atmospheric dilatation which is necessary when using the ordinary Proctoscope.

Third—The element of danger of perforating the upper bowel with the ordinary long Proctoscope introduced entirely by the sense of touch, which is a real danger when there is co-existing disease, is entirely eliminated, for the pneumatic sigmoidoscope is introduced by the sense of sight after passing the sphincter muscle.

Fourth—It does not require an expert to use it, but any one may obtain a perfectly illuminated view of the entire rectum and sigmoid colon, without giving the patient any pain, only a slight discomfort.

Fifth—The Pneumatic Sigmoidoscope was the first instrument of the kind presented to the profession making use of the direct illumination and direct air dilation, and it is not a patented article.

DISCUSSION.

Dr. Jos. M. Mathews, of Louisville: My friend, Dr. Laws, has been with me for many years in this work. I think he has positively the best instrument, really the only instrument of the kind, that should be used for the purposes that he has named. Thirty years ago, it came into my mind to give some special study to diseases of the rectum and colon. I made a canvass of the profession in Louisville for

the purpose of advising with them whether or not there was enough in it to guarantee one in giving it this special attention. Going amongst the profession, I only found two men who had ever examined the rectum; I mean, had ever looked into the rectum with an ordinary speculum. Since then, we all know the advance that has been made both in the treatment of these diseases and in the examination by instruments and other means.

In regard to the examination of the upper rectum or lower colon as Dr. Laws states, the only question that should be considered is: Why do we examine this part of the anatomy? What are we looking for? What do you find after you insert this instrument and take a view of this portion of the gut that has been mentioned? In my work on these diseases, I introduced a chapter on diseases of the sigmoid flexure, as possibly some of you know.

Up to that time, I will modestly state that the flexure or colon had never been treated locally. I conceived the idea, and to a certain extent I hold the view yet, that instrumentation is not necessary in the majority of instances, at least, for us to become aware of the condition that exists in these parts and to treat it. In other words, I have relied on the clinical symptoms to tell me what was the condition in the colon.

I have done this for two reasons: first, because I have believed it to be dangerous to examine the colon in a pathological condition by these clinical symptoms. Now, think of it for a moment! What are you looking for? Notably, we would say, for an ulcerated gut. An ulceration of the lower portion of the colon or the upper rectum, as Dr. Laws said, would be caused only by three conditions; cancer, tuberculosis and a benign condition. If it be cancer in the lower portion of the colon or upper rectum, I believe that you would grant that it would be dangerous, at least, to use a proctoscope in making your examination, because you are handling movable gut, and you are handling an ulcerated gut. Therefore, to use an instrument as has been devised by my friends Tuttle and Howard Kelley, and the gentleman in Germany, would be a dangerous thing.

Dr. Kelley, when he first invented his proctoscope, asked me to witness an examination at Johns Hopkins College. I did so, and I was so impressed with that examination that I said to him: "Kelley, unless you are very particular, you are going to kill somebody by this procedure. You cannot tell the profession of the country that this is an innocent way of examining the gut, because to take a metal tube twenty-one inches long and insert it into a man's colon or rectum that is diseased is a dangerous procedure."

After going back to Louisville, one of our surgeons, a young man of considerable ability, thought he would demonstrate my friend Kelley's proctoscope to his class on a man that did not have any diseased colon, but for the purpose of allowing his students to see how easy it was to introduce this instrument into the colon and make an examination. When he withdrew the instrument, the intestines followed. They did a laparotomy, but

the man died on the second day. Therefore it carried out my impression that it was dangerous.

When my friend Tuttle—and I wish he were here, because I do not like to talk to a man's back, but I have said the same thing to him—made some difference in the distal end of his proctoscope for the easier introduction, he did me the honor and pleasure to send me one. I wrote him if I had an enemy who had any rectal disease and could get hold of him, I was going to use it upon him, because to look at that formidable instrument and think of introducing it, is to regard it with awe and trembling.

Again, the proctoscope of which Dr. Laws speaks, invented by these three gentlemen, is an instrument twenty-one inches long, made of solid material, and its diameter, I suppose, would be equal to three-fourths of an inch. You will understand that they rely upon having a head mirror, and then insert this instrument, as Dr. Laws says, standing the patient on his knees. Suppose you do insert this instrument to its full length. As I said to my friend Howard Kelley: What do you see? With his head mirror, he sees a little space three-fourths inches wide and twenty-one inches up in the gut. I said to him, and I say to you, that I have looked into a great many hundred guts, but I could not tell what was at the distal end of them. What do you see? How do you recognize it? What do you see in a little spot like that, after you consider the danger that you have encountered in the introduction of the proctoscope? Wouldn't you rather rely upon the clinical symptoms to tell what was up there? If the man has what you are looking for, he is going to have some positive symptoms. If it is ulceration in the sigmoid flexure or anywhere in the colon, he is going to have pain localized, he is going to have discharges of mucous, and a little blood, and possibly some pus, and frequent actions. When we have those clinical symptoms, at least we know something is the matter up there. Recognizing that you have a pathology, I would rather go to work and treat those symptoms and treat them locally by directing attention to the colon through a Wales bougie, just as I would treat ulceration anywhere else. I have cured many cases without looking up to find out what it was.

But, Dr. Laws has an improvement on this, or, rather, he was the first to suggest it, although they have invented other proctoscopes which I, in my experience, have found to be worthless and useless, because after the examination, I reiterate what I say to you that you can give me very little more information than you did before you used the proctoscope, and you have given me no better evidence than I have in the discharges that I have had from the rectum. In the first place, this is an immodest position to put a woman in. It may possibly be a good idea to stand her up and expose her in that position and stick that thing twenty-one inches long down her rectum. I don't know.

But Dr. Laws overcomes these objections, and he is able to see something.

Now, I have noticed in this society, with a good deal of interest, that it is not your habit to get up here and endorse everything that a gentleman says in his paper. I noticed this morning, sitting here for two hours, that some of you slashed pretty lively into some of the gentlemen who read papers. The gentlemen here seem to differ with one another, and that is the only way to get at the truth and the facts. My friend Laws, will excuse me if I speak my sentiments. He overcomes all the objections to the proctoscope. His is not a proctoscope. The metal instrument that he uses, as he says, he can introduce into a man's rectum without any danger, because he is not carrying it into a dangerous part, especially if there is any pathology in the gut. But, when he introduces the instrument, he relies upon inflation to show you the sigmoid flexure, the upper rectum and the lower colon, and he does it well. Any one can use it and overcome the danger first, and secondly, instead of seeing one little spot you can inflate the sigmoid flexure to its full capacity, and look at it as a whole. Therefore, if you are looking for trouble, very likely you will find it, but not the kind of trouble that my friend in Louisville found, who examined a patient, as I have stated, with such melancholy results. Suppose we take Dr Law's instrument, and I certainly give it my free and full endorsement, if it will do him any good. In proctotomy, I believe all of you would be benefitted by using it. But, I want to ask Dr. Laws, as I asked these other gentlemen, "What are you looking for?" The doctor quit in his paper a little too soon. I think such a valuable paper should have been extended; he should have told us what he found in his examinations. He has the whole sigmoid flexure distended, and you can look at it as bright as day, as I have done many times. But, in those examinations do we get by vision anything that is of particular interest to us that we do not get by the clinical symptoms? I take it that he used this instrument in a diseased colon, and that he is not just looking for a matter of fun into the rectum; but, because of certain symptoms he is using this instrument. How much does that reveal? Suppose you have cancer in the sigmoid flexure? Won't the clinical symptoms tell you more than vision will? Won't your evidence through the abdominal cavity, won't your peculiar characteristic discharge and all that kind of thing, and then an examination under the microscope, be as positive to you as if you examined the sigmoid flexure or the upper rectum by means of this instrument? Suppose it is a case of tubercular ulceration. Can you tell me it is tubercular by looking through this instrument? Can you invariably tell me it is cancer or tuberculosis, or vice versa, or can you tell me it is a benign ulceration? In my experience of 30 years in this work, and I have often said it (but we don't meet that benign ulceration very often in these patients), whenever there is any ulceration that gives rise to the clinical symptoms that exist in these patients, I look to something more serious, and usually find it. But, if it is benign, following, we will say, dysentery or

typhoid fever, there is no instrument comparable with that of Dr. Laws'. But, if there is much pathology, you cannot inflate because as the gynecologists would say, you would encounter "great adhesions." If there is tuberculosis, you cannot inflate. If there is stricture up there, you cannot inflate at all. But, for the purposes that Dr. Laws got this instrument up, and he was with me at the time he was thinking it out, his object was to use it in a limited number of cases. I really think that instrument ought to be used in a limited number of cases. In fact, instruments of any kind. The same thing applies to the speculum. Can you see as much and come to as good a conclusion by a speculum examination, outside of the great pain that it gives, because there is great pain? The patient can scarcely stand it, and what do you see? Not as much as is revealed by an examination with the finger.

I heard some one say he did not use the speculum once in fifty times. I believe that it is unnecessary once in 100 times, because an examination by the finger, without giving much pain, is just as satisfactory. Patients come to us and say: "Doctor, don't use that thing. The other doctor used it and it nearly killed me." If you will just anoint your finger, you can make out almost any pathological condition that will exist. Therefore, I do not like this instrument when it can be avoided; but, for the purpose that he got it out, it is most admirable. You would be surprised at the vision that it does give you of the sigmoid flexure and of the rectum. If we could just use those things when there was no disease, if we were studying anatomy and could get some man just to submit to it for fun, as it were, it is a magnificent thing.

Dr. Laws is getting no royalty upon this thing. He did not get a cent out of it. God bless the doctor! Is there any other class of men on earth that will give their brains and talent for the benefit of the people and get nothing out of it? There is no class of men on earth that will do it except the doctor. We don't want any of your royalties. We don't want a patent for any of our instruments. We get them out for the benefit of mankind; they do more good than all the instruments invented by the master minds, because they relieve the afflicted.

As far as this instrument is concerned, I want to endorse it. As far as the proctoscope is concerned, I cannot endorse them, and cannot use them. I have been blamed for not using them by several, but I must confess that I could never see the necessity for it. I used them simply to see whether I could get the things in there or not. So, I say that Dr. Laws' instrument is an admirable one for the purposes designed. He does not believe in using it every day for all conditions of the diseased colon or rectum; but where a man is in doubt, and he thinks there is no pathology there, where he cannot clear it up, where he cannot quite understand the symptomatology or the clinical aspect of the case, then it is a beautiful instrument to use, and I hope every one of you who are interested in this work will simply look through it, and I know you will

be pleased with the instrument and what you see. (Applause.)

Dr. Laws: I wish to heartily endorse what Dr. Mathews has had to say in regard to the routine use of my instrument or any other instrument. I think these sigmoidoscopes and proctoscopes are in the same category as the urethroscope. A man who will use the urethroscope every opportunity he has is going to do a great deal of harm. However, I believe that there are certain cases in which they will clear up obscure cases. I say the same thing in regard to this little instrument that I have devised.

In regard to the dilatation, you have that directly under the guidance of your eye, and, in case the bowel is thickened from a pathological condition, I would not advise you to try to force dilatation of the bowel. We can occasionally find ulcerations, but it is more for the clearing up of diagnosis in obscure cases rather than in the routine use of many of these instruments.

—X—

TUBAL PREGNANCIES.

(By Dr. Preston Hunt, Texarkana.)

Tubal pregnancy, or ectopic gestation, is much more frequent than was formerly believed. Both twin and treble tubal pregnancies of undoubted occurrence have been reported. The causes of this misplaced impregnation have been the subject of a vast amount of discourse, but no satisfactory explanation as to the true causes of tubal pregnancy has as yet been set forth.

The earlier investigators classed extra uterine pregnancies as follows: Tubal, ovarian and abdominal pregnancies, laboring under the impression that the female ovum or egg was joined by the spermatozoon of the male semen in the tube, on the ovary or in the free abdominal cavity, where fecundation took place. The more recent investigators, however, have disproved this idea, and it is now practically settled that all ectopic gestations occur in the fallopian tube, and what was formerly thought to be ovarian or abdominal pregnancies followed tubal pregnancies, by what is termed tubal abortion or expulsion of the fecundated ovum from the tube through the ovarian end, or by rupture of the tube from growth of ovum, or perhaps, from the penetration of the tubal wall by chorionic process, given off by the developing fetus. After expulsion or rupture, the fecundated or fertilized ovum frequently continues to develop, and presents the appearance, at a later date, of having developed from incipency in the site where it is located when discovered by the operator. The spermatozoa of the male semen are of motile structure, and move by the activity of what might be termed the tail, or, to simplify, they travel very much like a wiggletail, and in this way gain entrance to the uterine cavity and tubal canal. The spermatozoa will live and remain active in the vaginal secretions for from a few hours to as many days. Normal pregnancies occur by the meeting of the male spermatozoon with the female ovum in the uterine cavity where it has been conveyed from the ovary several inches distant. When the

ovary and spermatozoon meet under favorable circumstances, the spermatozoon approaches and penetrates the outer surface or vitelline membrane of the ovum to the extent of the head, and then seems to rest, but finally the tail of the spermatozoon disappears, and it is found that the entire cell has entered the ovum. No theory has been advanced as to how the remainder of the spermatozoon succeeds in gaining entrance into the ovum after the head has penetrated the outer surface, but it probably completes its entrance through its amoeboid movement, the protoplasmic element of the tail simply passing into the interior of the ovum similar to the passage of the white blood corpuscles through the walls of the capillaries.

The female egg or ovum is discharged from the ovary several inches from the uterine cavity, and must pass through the fallopian tube to reach the cavity of the uterus. As the ovum is non-motile, it is helpless within itself to reach the womb, but the canal of the fallopian tube is lined with ciliated epithelial tissue, the cilia of which in health are constantly moving, and their motion is in the direction of the uterine cavity.

When the woman ovulates or the egg is discharged from the follicles of the ovary, the ovum enters the fimbriated extremity of the tube, and is wafted along the canal of the tube by the ciliated epithelium lining of this canal until it reaches the uterine cavity, requiring from two to ten days to complete this journey. If the spermatozoon of the male semen is met within the womb, fecundation takes place, and normal pregnancy follows. If the spermatozoon is not met, the ovum perishes. If from any cause the spermatozoon should pass through the uterine cavity and enter the fallopian tube, and there meet and fecundate the ovum, tubal pregnancy occurs. This may take place at any point within the tube, but it usually occurs in the isthmus near the uterine end of the tube. As to why the ovum does not pass into the womb, there to develop normally, after fecundation takes place in the tube, is not understood, since the size of the fecundated ovum remains small long enough to easily pass through the tubal canal, which is sufficiently large to permit its passage.

The following causes have been suggested as the reason for this failure to pass out of the tube into the uterus after impregnation, and no doubt play an important part in the phenomena: reversed peristalsis of the tube; loss of cilia in the tube; length of tube; tortuous or convoluted tubal canal; kinks in tube; abrupt flexures, etc.; or possibly mucous plugs might obstruct the way, the plugs occurring after the spermatozoon has passed into the tube, or constrictions in the canal sufficient to prohibit the passage of the ovum, but admit of the passage of the spermatozoon, the latter being much smaller than the former.

Transmigration of the ovum has been proven by tubal pregnancy taking place in the fallopian tube, after removal of the ovary on the side where tubal pregnancy subsequently occurred, showing clearly that the ovum must have passed across from the ovary on the opposite side and entered the tube there to meet the spermatozoon. This would suggest that

the ovum is not entirely non-motile, but it is more probable that the ovum is carried over to the opposite side by accident through movements of the small bowels or some other cause not understood at the present time.

The treatment of tubal pregnancy is almost universally surgical. If the diagnosis can be reached, or if a strong presumptive diagnosis can be made before the tube is ruptured, which usually occurs from the fourth to tenth week, the operation is both simple and safe, and amounts to but little more than the removal of the fallopian tube with the products of conception intact. If, however, the case goes on until rupture occurs, and dangerous hemorrhage is imminent, which must be recognized by the symptoms presented in each case, then the abdomen must be opened at once, and the point of bleeding sought out, and the hemorrhage controlled with forceps; then after cleansing the abdominal cavity, safe ligatures applied to the bleeding vessels. After this, the products of conception should be removed. If you feel sure that no infection has occurred, the abdomen should be closed. But in case of doubt drainage should be secured, preferably, through a counter opening made in the lumbar region. If bleeding has been profuse, intravenous saline infusion should be administered and other steps should be taken to overcome the existing shock.

Many of these cases will rupture the tube gradually, that is, the tube will continue to stretch, rupturing a little now and then until the tubal wall covering the membrane enveloping the fetus is very thin, and the gradual pressure destroys the blood vessels until, when the final rupture occurs, there is neither much pain, hemorrhage, nor shock, and the placental attachment is not much disturbed, the growth of the fetus may continue to full term. It was this occurrence that caused the earlier surgeons to believe abdominal pregnancies truly existed, not recognizing the fact of the former gradual rupture of the tube. If the development approaches full term, spurious or false labor sets in and the child dies. When this happens the case must be dealt with according to circumstances, usually demanding abdominal section and removal of dead child in every instance. There are cases, however, of undoubted occurrence where a full term child has decomposed, been absorbed, and a complete recovery of mother resulting. More frequently, however, the developing child dies from some cause, and decomposition sets in, producing sepsis and its accompanying symptoms. When this happens, the products of conception must be removed by surgical procedures, either through the abdomen or vagina, according to indications.

REPORT OF CASES.

Case No. 1. Patient about twenty-nine years of age. Had been troubled about four months with a continuous discharge from womb, but had continued to do her work until ten days previous, since which time she had been confined to her room, and had suffered considerable pain in the pelvic region, and especially during the last two or three days previous to operation.

The patient had developed a little fever on the second day before the operation. The physician in charge was unable to secure a very definite history of the case, and had not examined the patient, but had concluded that she suffered with chronic granular endometritis and referred her to me for curettage. On introducing the uterine dilator and making a slight effort to dilate the cervix, I found the tissues very friable, and I lacerated the cervix in my first effort to dilate the os. This caused me to halt, and on introducing a uterine sound, it readily passed six or eight inches, as I thought, up into the abdomen. I advised the physician in charge that I had either punctured the womb, or that a large patulous tube existed, and that I did not know which, but in either case it would be necessary to open the abdomen. On further examination I found a mass, the size of a large orange, close to the left horn of the womb. While the physician had gone to confer with the woman's people, I prepared for laparotomy. He secured her people's consent to operate. At two strokes of the knife, I entered the abdomen, and found the omentum and surrounding intestines matted together, completely covering the fetal sac, enveloping the fast decomposing product of conception, of probably four months growth. The omentum and intestines were closely adhered to the sac, and the blood vessels of the omentum had developed to fully the size of a crow's quill. The omentum was ligated in two parts, and at least three fourths of it cut away. The guts were separated from the sac, and the tumor delivered. The ovarian artery was ligated, and the tube, ovary and fetal sac removed in a mass, but the sac was ruptured, and considerable pus and debris of very offensive odor escaped into the free abdominal cavity.

A general toilet of the entire cavity was made as thoroughly as possible, using ten or twelve gallons of sterile and semi-sterile water in irrigating this cavity; counter drainage was made through the lumbar region and a piece of iodoform gauze passed from the original site of the sac through the lumbar opening.

The abdominal cavity was closed. Patient was sent home and a very doubtful prognosis was given to her people. Contrary to my expectations this patient made a complete and uninterrupted recovery and was doing light house-work within three weeks from the operation.

Case No. 2. Woman about thirty-two years of age, had given birth before. Suffering excruciating pains in the pelvis with an elevated temperature and rigid abdominal walls. Vaginal examination revealed a slightly fluctuating mass in the region of the right ovary. This patient was anesthetized and an opening made through the roof of the vagina and a hematocoele with a decomposing fetus of probably three months growth, together with pus and other debris, removed. Drainage was secured and the cavity irrigated daily for several days. In this case I found that the tube had ruptured on the lower side and the fetus had continued to develop for a period, in the cellular tissue between the folds of the broad ligament. The

ovary was in good condition and was not removed. This patient made a good recovery.

Case No. 3. Patient twenty-nine years of age with history of twin pregnancy six years previous. Menses very irregular during the last eight months previous to her first visit to my office. She called to consult me about an abdominal growth which presented somewhat the appearance of a gravid uterus, of six months development. On examination I found both ovaries undergoing cystic degeneration, and the uterus considerably hypertrophied. I advised removal of the tumor, which she consented to. After opening the abdomen I found a small fetus entirely free and floating in an accumulation of fluid in the abdominal cavity about two inches above a level with the umbilicus. This fetus was so well developed that you could plainly see the eyes, mouth and limbs. It was still enveloped in the original membrane, and surrounded by a normal amount of amniotic fluid and was probably from six to eight weeks development. The chorionic sac, in which this fetus was contained, presented on about one third of the external surface, a rough shaggy appearance of villous processes, showing that the chorion had made an effort to take hold of the adjacent membrane at some time which was very likely the inner surface of the tube. The fetus had gained its freedom into the abdominal cavity by tubal abortion. The cystic growth about the size of a two-gallon coffee pot was removed and a hysterectomy performed. The patient left the Sanitarium three weeks later in good condition.

DISCUSSION.

Dr. Thibault: What is the exact definition of "semi-sterile water?" I would like to know whether this has reference to the number of bacteria it contains to the cubic centimeter, or just take a little pond water and sterilize it about half-way of what he thought it ought to be. I will say for my part, I don't want any semi-sterile water in my abdomen, nor in any of my patients' abdomens. It is very hard to judge, even after we have used every effort to sterilize things, whether they are sterilized when we use them. Sometimes it becomes contaminated. It is a good idea to bear in mind the fact that pus that has been encysted for a long time may become absolutely sterile, but better take no chances and it is a better reason, then, to mop it with a little dry gauze, than to introduce any water on a three-fourths or maybe semi-sterile basis.

Dr. Snodgrass: I think this paper a very valuable one. We all meet with these cases, and I believe we will meet them more frequently in the future than we have in the past if we do not instruct our women more particularly in regard to the matter of dress. I am a married man and have no apologies to make, but it seems to me that the mode of dress that the majority of women adopt is conducive to the production of kinking of the fallopian tubes. Any man who has ever examined the abdominal cavity, and is familiar with the relations of the parts, knows that when a woman eats a hearty meal, and puts on a tight dress, especially a corset, those intestines have to go somewhere. The uterus is so seldom

ever cramped that it does not prolapse, but these tubes can be pushed in almost any direction. We further know that the spermatozoa live several days in the vagina or in the uterine cavity, and how do we know but what these spermatozoa get there sometime previous to this tight lacing in that tube and is unable to make its way back to the uterus, if we kink that tube or cause any pressure on those cells or produce a certain amount of congestion in the lumen of that tube, and consequently the ovum cannot pass through for a few hours. By that time, it becomes fecundated. I believe the mode of dress is one thing that is conducive to the development of ectopic gestation.

The doctor's paper and his operations are very good. He reports three successful operations. I haven't had as good luck as he had. I had three operations, with one death.

Another point that I wish to bring out in criticism of the paper is flushing out the abdominal cavity through the vagina. I do not believe that a surgeon is ever justified in washing out the abdominal cavity through the vagina. We can place the patient in an attitude to drain the peritoneal cavity perfectly if we have a puncture there. I put them in the Fowler position or semi-Fowler position, and when you make a puncture in the vagina or do a hysterectomy or any other operation if you put some gauze in there, you will find that the fluid in the peritoneal cavity will gravitate toward the cul de sac and can be drained out in that way. If we make a puncture and put in drainage, the circulating fluid in the peritoneal cavity will gravitate and carry out the infection.

Regarding the ovule moving around, I do not think that the ovule has motile power. It is perhaps carried from one part of the abdominal cavity to another by the peritoneal fluid. In other words, it flows very much like a blood clot would from a wound in the peritoneal cavity; for instance the clots which are frequently found under the surface of the liver.

In case No. 1, where he had pus, and found pus in the sac, I would like to ask if this patient had fever previous to that time.

Dr. Hunt: Yes, sir; two days previous to the operation.

Dr. Snodgrass: It is very unusual to find a patient with that quantity of pus who has not had fever longer than two days.

Dr. Wood: I wish to make a remark in reference to the cause of ectopic pregnancy. I have had a number of cases within the last few years, mostly among negroes. Every one of them has taken place after a long attack of salpingitis. I think perhaps the diseased tube is the cause of the stoppage of the ovum.

Dr. Williamson: This subject is a very interesting one to a practitioner who has once come in contact with such a condition. I have had the misfortune of having two cases within six months. The first case was one of abdominal pregnancy with a living child of eight months. The fetal heart sounds were perfect; rate 124 per minute; the placental souffle could be heard in the left hypogastric region; the head was

crowded down between the rectum and vagina. This woman had had two ruptures; one of the tube, the other of the broad ligament. At the first rupture she was attended by two Little Rock physicians who diagnosed abortion and curetted for it. At the second rupture two local physicians attended her and diagnosed pelvic peritonitis. The peritonitis was so severe that it obscured the real cause. These were reputable, careful physicians and their inability to find the real trouble is no discredit to them, but only goes to show the difficulty of early diagnosis. This case was operated upon, the mother dying after one week, probably from intestinal paresis. She had no hemorrhage nor pus. The child lived.

The second case was of nine years standing. She came to me because of a discharge of pus from the umbilicus. Palpation revealed a tumor on the left side which was not connected with the uterus or kidney. I opened up the pus cavity under general anesthesia, curetted out quite a quantity of pus, portions of old placenta, cartilage and debris and packed and drained well. She made an uneventful recovery. This case was also diagnosed abortion at the time of the rupture. These cases lead me to suspect that probably many tubal ruptures are mistaken for abortions and that the diagnosis of such cases is more difficult than we are taught to believe.

Dr. Williams: I enjoyed the paper very much. It shows a vast deal of research in the preparation of it. The three cases are very interesting and the results are very gratifying, but I do not think that we ought to give it out in this neck of the woods that we are in the habit of getting through the abdominal wall with two strokes of the knife. I think it is a rather dangerous thing.

Dr. Hunt: If you were as badly scared as I was, I think you would have got in there with one stroke!

Dr. Morgan Smith: As a representative of the medical profession of Little Rock, I wish to say that there are very few gentlemen here, I think, who would attempt to deny the presumption entertained by the doctor that there are some physicians in our city who curet for extra-uterine pregnancies. Perhaps this custom prevails in other cities as well as in Little Rock.

Dr. Hunt: Mr. Chairman: Some of the cases referred to by the gentlemen who spoke in regard to the paper are very interesting. I believe a good many of them were cases of ectopic gestation that went to full term. I did not mention to them the operation that should be performed in full term ectopic gestation. I shall never forget the time that I heard Dr. McMurtry, of Louisville, relate his experience in his early career as a surgeon. He said he got the child all right, then the placenta, after which the unfortunate woman went to heaven from loss of blood. I believe that will be the experience of nearly every man, especially if the placental attachments are broken up immediately. If you remove the placental attachments immediately you will most always have bad results. In my opinion it is best not to disturb this placental attachment; but leave

an opening in the abdominal wall and pack it with gauze. Leave a place for drainage, and in a few days nature will throw off this placental debris, by discharging it through the opening left in the abdomen.

Some one referred to the infrequency of such cases. I would like to suggest to every general practitioner who does obstetrical work, that he brush up a little on ectopic gestation and lookout for it. If you do, it may save a great many mothers a great deal of suffering. I have known of experiences of women who had ectopic pregnancy and went on to full term almost, spurious labor had set in and after a variable time of suffering the patient discharged as well; and then months and months afterwards the bones of the fetus have been removed by sloughing through the abdomen, through the rectum, or through the vagina and passing out, or reaching the outer world through some other procedure, and thus escaping out of the system. We can frequently avoid this by proper surgical precautions. Of course many physicians believe we cannot always make a diagnosis of ectopic gestation, and that we must make presumptive diagnosis. This granted, but asepsis is so thorough at the present time that no woman need have any fear of having her abdomen explored by a skillful operator, rather than take chances on her life by allowing the ectopic gestation go on, where the risk is far greater than having an opening in her abdomen for diagnostic purposes. We can do this with absolute safety and the lesion can be examined and flushed out every day, if need be, and kept sterile.

Some one raised objection to flushing out the abdominal cavity through the vagina. If he will go back to the report of the second case, he will see the tube had ruptured on the lower side and the contents, or fetus, had continued to develop in the tissue between the folds of the broad ligaments. Of course the adhesions above had left the abdomen protected and I was not flushing the abdominal cavity but the abscess cavity.

Dr. Snodgrass: I understood you to say that you flushed out the abscess cavity for several days after the operation.

Dr. Hunt: It was the cavity of the sac from which the fetus was removed through the walls of the vagina. The sac had ruptured and was in between the folds of the broad ligament, and was removed through the roof of the vagina.

Dr. Snodgrass: I don't think you ought to have washed that out either. I have no apologies to make.

Dr. Hunt: I didn't want that woman to die dirty either! I got results all right. I think it is a mere matter of opinion in which we probably differ. I think I did the proper thing. I would certainly irrigate that cavity just as I would any other abscess cavity that was open, and discharging. I would wash out the blood clots, debris and other things that had accumulated each day.

I certainly thank you all for your kind attention.

THE JOURNAL

OF THE

Arkansas Medical Society

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PUBLISHED MONTHLY, Price, \$1.00 a Year in Advance.
Single Copies 10 Cents.

Published on the fifteenth of each month under the
direction of the Committee on Publication.

Entered as Second-class matter, June 21, 1906, at the
post office at Little Rock, Arkansas, under Act of Congress
of March 3, 1879.

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- Heroin Hydrochloride (Cont. Color & Chem. Co.), Oct. 20, 1906.
- Heromal (Schieffelin & Co.), Oct. 20, 1906.
- Heroterpine (Schieffelin & Co.), Oct. 20, 1906.
- Hetol (Merck & Co.), Oct. 20, 1906.
- Hexamethylenamine Methylencitrate, Oct. 27, 1906.
- Holocaine Hydrochloride (Koechl), Oct. 27, 1906.
- Hypnal (Koechl & Co.), Oct. 27, 1906.
- Ichthalbin (Knoll), Oct. 27, 1906; Nov. 10, 1906.
- Ichthammon (F. Reichelt), Oct. 27, 1906.
- Ichthargan (Ichthyol Co.), Oct. 27, 1906.
- Ichthermol (Merck & Co.), Oct. 27, 1906.
- Ichthoform (Merck & Co.), Oct. 27, 1906.
- Ichthyol (Merck & Co.), Oct. 27, 1906.
- Ichthyolum Austriacum (G. Heil & Co.), Oct. 27, 1906.
- Iodipin—10 per cent. (Merck), Oct. 27, 1906.
- Iodipin—25 per cent. (Merck), Nov. 3, 1906.
- Iodoformogen (Knoll & Co.), Nov. 3, 1906.
- Iodo-mangan (Reinschild Chem. Co.).
- Iodthyryne (Cont. Color Co.), Nov. 3, 1906.
- Iothion (Cont. Color & Chem. Co.), Feb. 6, 1907.
- Isoform Powder (Koechl & Co.), Nov. 3, 1906.
- Isopral (Cont. Color & Chem. Co.), Nov. 3, 1906.
- Kasagra (Stearns & Co.), Nov. 3, 1906.
- Kola, Stearns (Stearns & Co.), Nov. 3, 1906.
- Kresamine (Schering & G.), Nov. 3, 1906.
- Lac Bismo (E. J. Hart & Co.), Nov. 3, 1906.
- Lactophenin (Chem. Fbrk. vrm., Goldenberg, Geromont & Co.), Nov. 3, 1906.
- Laminoids Ferruginous (Nascent) (Schieffelin & Co.), Nov. 3, 1906.
- Lecithin.
- Lennigallol (Knoll & Co.), Nov. 3, 1906.
- Liquor Tritici (P. D. & Co.), Nov. 3, 1906.
- Lithium Ichthyol (Merck & Co.), Nov. 3, 1906.
- Lubraseptic (Russell & Lawrie).
- Lycetol (Cont. Color & Chem. Co.), Nov. 3, 1906.

- Lysidin (Koechl & Co.), Nov. 3, 1906.
 Mercuriol (P. D. & Co.), Nov. 3, 1906.
 Mesotan (Cont. Color Co.), Nov. 3, 1906.
 Methaform (Stearns & Co.), Nov. 3, 1906.
 Methaform (Stearns & Co.), Nov. 3, 1906.
 Neurocaine (Scheffelin & Co.), Nov. 3, 1906.
 Neuronidia (Schieffelin & Co.), Nov. 3, 1906.
 Novargan (Heyden Chem. Works), Feb. 16, 1907.
 Novocaine (Koechl & Co.), Nov. 10, 1906.
 Nutrose (Koechl & Co.), Nov. 3, 1906.
 Oil of Eucalyptus, globules (E. G. Binz).
 Organic Iron Preparations, Feb. 16, 1907.
 Orthoform-New (Koechl & Co.), Nov. 10, 1906.
 Orthoform-New Hydrochloride (Koechl & Co.), Nov. 10, 1906.
 Ovorferrin (Barnes & Hille), Nov. 10, 1906.
 Oxaphor (Koechl & Co.), Nov. 10, 1906.
 Pegnin (Koechl & Co.), Nov. 17, 1906.
 Phenacetin (Cont. Color Co.), Nov. 10, 1906.
 Phenocoll Hydrochloride (Schering), Nov. 10, 1906.
 Phenocoll Salicylate, Nov. 10, 1906.
 Piperazine (Cont. Color & Chem. Co.), (Schering & G.), Nov. 17, 1906.
 Pollantin (Fritzsche Bros.), Nov. 17, 1906.
 Pollantin Powder (Fritzsche Bros.), Nov. 17, 1906.
 Protargol (Cont. Color Co.), Feb. 16, 1907.
 Purgatin (Knoll & Co.), Nov. 17, 1906.
 Pyramidon (Koechl & Co.), Nov. 17, 1906.
 Pyramidon Neutral Camphorate (Koechl & Co.), Nov. 17, 1906.
 Pyramidon Acid Camphorate (Koechl & Co.), Nov. 17, 1906.
 Pyramidon Salicylate (Koechl), Nov. 17, 1906.
 Quantonol (Schering & G.), Nov. 24, 1906.
 Quinine lygosinate (Bischoff & Co.).
 Red Bone Marrow (Armour & Co.), Feb. 23, 1907.
 Sajodin (Cont. Color Co.), Feb. 23, 1907.
 Sal Ethyl (P. D. & Co.), Nov. 24, 1906.
 Saliformin (Merck & Co.), Nov. 24, 1906.
 Salit (Heyden Chem. Works), Nov. 24, 1906.
 Salophen (Cont. Color Co.), Nov. 24, 1906.
 Saloquinine (Merc) & Co.), Nov. 24, 1906.
 Saloquinine Salicylate (Merck), Nov. 24, 1906.
 Santyl (Knoll & Co.), Feb. 23, 1907.
 Sextonol (Schering & G.), Nov. 24, 1906.
 Sidonal (Koechal & Co.), Nov. 24, 1906.
 Sodium Cacodylate, Nov. 24, 1906.
 Sodium Cinnamate, Nov. 24, 1906.
 Sodium Ichthyol (Merck & Co.), Dec. 1, 1906.
 Sodium lygosinate (Bischoff & Co.).
 Stovaine (Walter F. Sykes), Dec. 1, 1906.
 Stypticin (Merck & Co.), Dec. 1, 1906.
 Styptol (Knoll & Co.), Dec. 1, 1906.
 Styracol (Knoll & Co.), Dec. 1, 1906.
 Sublamine (Schering & G.), Dec. 8, 1906.
 Sulphonol (Cont. Color Co.), Dec. 8, 1906.
 Suprarenal Alkaloid, Dec. 8, 1906.
 Suprarenal Liquid (P. D. & Co.), Feb. 23, 1907.
 Suprarenalin (Armour & Co.), Feb. 23, 1907.
 Suprarenal Ointment (Armour & Co.), Feb. 23, 1907.
 Suprarenalin Solution (Armour & Co.), Feb. 23, 1907.
 Suprarenalin Triturates (Armour & Co.), Feb. 23, 1907.
 Syrup Hydriodic Acid, Gardner's (R. W. Gardner).
 Tannalbin (Knoll & Co.), Dec. 15, 1906.
 Tannigen (Cont. Color Co.), Dec. 8, 1906.
 Tannoform (Merck & Co.), Dec. 15, 1906.
 Tannopin (Cont. Color Co.), Dec. 15, 1906.
 Tanphenyform (Warner & Co.).
 Theophylin, Dec. 15, 1906; Jan. 5, 1907.
 Theobromine Sodium Salicylate, Dec. 15, 1906.

Theocin (Cont. Color Co.), Dec. 22, 1906.
 Theophyllin, Dec. 22, 1906.
 Thermodin (Merck & Co.), Dec. 22, 1906.
 Thicol (Hoffmann-La Roche Chemical Works), Dec. 22, 1906.
 Thiosinamine, Jan. 5, 1907.
 Thyreoidectin (P. D. & Co.).
 Tonic Hypophosphites (Sharp & Dohme).
 Tonols (Schering & G.), Dec. 22, 1906.
 Triferrin (Knoll & Co.), Jan. 5, 1907.
 Triferrol (Knoll & Co.), Jan. 5, 1907.
 Trikresol (Schering & G.), Jan. 5, 1907.
 Trional (Cont. Color & Chem. Co.), Jan. 5, 1907.
 Trioxymethylene (Merck & Co.), Jan. 5, 1907.
 Triphenin (Merck & Co.), Jan. 12, 1907.
 Tritipalm (Stearns & Co.), Jan. 5, 1907.
 Tropacocain Hydrochloride (Merck), Jan. 12, 1907.
 Trypsogen (G. W. Carnrick & Co.).
 Tumenol-Ammonium (Koechl & Co.).
 Tumenol (Koechl & Co.), Jan. 12, 1907.
 Tumenol Sulphone (Koechl & Co.), Jan. 12, 1907.
 Tumenol Sulphonic Acid (Koechl), Jan. 12, 1907.
 Tussol (Koechl & Co.), Jan. 19, 1907.
 Urethane (Merck & Co.), Jan. 19, 1907.
 Uriform (Schieffelin & Co.), Jan. 19, 1907.
 Uritone (P. D. & Co.), Jan. 19, 1907.
 Uropherin, B. (Merck & Co.), Jan. 19, 1907.
 Uropherin, S. (Merck & Co.), Jan. 19, 1907.
 Urotropine (Schering & G.), Jan. 19, 1907.
 Urotropine-New (Schering & G.), Jan. 19, 1907.
 Validol (Bischoff & Co.).
 Validol Camphoratum (Bischoff & Co.).
 Valyl (Koechl & Co.), Jan. 19, 1907.
 Vera-Diastase (Stearns & Co.).
 Vera-Diastase Essence (Stearns & Co.).
 Vera-Diastase Tablets (Stearns & Co.).
 Veronal (Merck & Co.), Jan. 26, 1907.
 Vibutero (Stearns & Co.), Jan. 26, 1907.
 Vioform Bischoff & Co.).

Vinum Extracti Morrhuae, Stearns (Stearns & Co.), Jan. 26, 1907.

Vioform Gauze (Bischoff & Co.).

Xeroform (Heyden Chem. Works), Jan. 26, 1907.

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MORE SOCIETIES ADOPT RESOLUTIONS.

The following societies have adopted resolutions pledging their support in the campaign against the reduction of insurance examination fees:

Barbour County (Alabama) Medical Society.

Greene County (Alabama) Medical Society.

Clarke County (Georgia) Medical Society.

Worth County (Georgia) Medical Society.

Whiteside County (Illinois) Medical Society.

Western Kansas Medical Society.

Jackson County (Mississippi) Medical Society.

Leflore County (Mississippi) Medical Society.

Platte County (Missouri) Medical Society.

Mercer County (New Jersey) Medical Society.

Chaves County (New Mexico) Medical Society.

Columbia County (New York) Medical Society.

Troup County (Georgia) Medical Society.

Wise County (Virginia) Medical Society.

Dane County (Wisconsin) Medical Society.

Whitman County (Washington) Medical Society.

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MERGER.

Rumors are published in the Louisville papers of a union of the Hospital College of Medicine and the Louisville Medical College. It is stated that all is completed except the details, the new institution to be known as the Medical Department of Central University. Such a concentration and strengthening of college plants as this can only be productive of great good to both the profession and people of the future. Such institutions as the University of Louisville and Central University will attract the material resources of those philanthropists who are ready and waiting to aid such agencies for the welfare of the race.

TO THE COUNTY SECRETARY.

The time is fast approaching when our State Society will meet. On May 15, 16, 17, next, we expect to have the largest gathering in the history of the Society. Now, doctor, don't put off sending your report until the last minute. Your State Secretary is now working over time; in fact, he could work diligently twenty-five hours in the day if he had them. The work of the State Society is piled mountain high, so to speak, and is growing all the time. This is not said by way of complaint; but to urge you that it is imperative for you not to wait until the last day of grace to send in your report, and expect to have everything straight when the meeting comes off.

The Secretary's reports will close promptly this year, according to law; and if your report is not in promptly, it will not be entered, unless some excusable delay has occasioned to bar it out. Therefore, we will esteem it a personal favor if you will try to see to it that your dues are collected and your reports made out and in the hands of the Secretary thirty days before the coming meeting. May we not ask that this year every County Secretary try to balance his books on time and forward his reports promptly.

Did it ever occur to you that it is impossible for the State Secretary to make out his report to the House of Delegates until after he has received your report? If your report is behind time, a link in the chain is broken. If your report is received after his report is made up, it necessarily changes his report, perhaps in a great many respects, and only puts more work upon him.

This is written in a spirit of kindness, but we must insist, that, if at all possible, you will kindly let us have your report at least thirty days prior to the State Meeting, and that means not later than April 15, sure. PLEASE DON'T FORGET THIS.

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STANDARDS OF MEDICAL EDUCATION ADOPTED BY THE AMERICAN MEDICAL ASSOCIATION.

Standard Now Recommended.

The minimum standard now recommended prerequisite to the practice of medicine is as follows:

1. (a) The preliminary requirement to be a four-year high school education or its

equivalent, such as would admit the student to one of our recognized universities; (b) and in addition (after Jan. 1, 1910), a year of not less than nine months, devoted to the study of physics, chemistry, biology and one language (preferably German or French), to be taken either in a college of liberal arts or in a recognized medical college having a preliminary year devoted exclusively to the subjects mentioned.

2. There should be a requirement that previous to matriculation in a medical college every student must secure from the State Examining Board a "medical student's entrance certificate," which would be issued either on presentation of credentials of preliminary education not less than that laid down by requirement one, or on passing an examination given by the Board and which will satisfy the Board that the student has an equivalent education.

3. A medical training in a medical college, having four years of not less than thirty weeks each year, exclusive of holidays, of thirty hours per week of actual work.

4. Graduation from an approved medical college required to entitle the candidate to an examination before a state examining board.

5. The passing of a satisfactory examination before a state examining board.

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THE IDEAL STANDARD.

The ideal standard to be aimed at from the present viewpoint should consist of: (A) Preliminary education sufficient to enable the candidate to enter our recognized universities, the passing upon such qualifications by the state authorities. (B) A five-year medical course, the first year of which should be devoted to physics, chemistry and biology, and such arrangements should be made that this year could be taken either in a school of liberal arts or in the medical school. Of the four years in pure medical work, the first two should be spent in laboratories of anatomy, physiology, pathology, pharmacology, etc., and the last two in close contact with patients in dispensaries and hospitals in the study of medicine, surgery, obstetrics, and the specialties. (C) A sixth year as an interne in a hospital or dispensary should then complete the medical course.

Under such a scheme the majority of men would begin the study of medicine between

18 and 19 years of age, and would graduate from the hospital internship at from 24 to 25. A college education is recognized as a desirable preparation for a limited number of men, but it is thought that it is not and never will be desirable to make such college education a requirement to the study of medicine, as it would make the age of graduation from 27 to 28 years, which is regarded as too old a period at which the young medical man should begin his life's work. It is obvious that this very desirable scheme of requirements can not be at once demanded or recommended.

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PAPERS FOR THE STATE MEETING.

Doctor, how about that paper for the Little Rock meeting? Have you written to the Secretary of the Section to which you wish to contribute, that you are preparing a paper on some medical subject, and that it is your desire to do your duty? Remember, that if everybody stands back and expects some other member to write a paper, the result will be, no papers. We must have essays and we don't want them of the text book variety. Get down to business; write a paper based on your own observations and your own experience; that is the character of paper the Society wants to hear; that is the kind of paper that will make you a reputation, as a good diagnostician, a good observer and an all around good doctor. The other members of the State Medical Society will know very soon after you begin reading whether it is your work or taken from some other fellow's efforts. If you have any interesting cases to report, let us hear from you. Don't think because it is one from the ordinary every day practice, that it is one that has occurred in the practice of all the others. That it will not be a benefit to some one else. Frequently the ordinary cases reported with treatment given, proves to be the very thing that brings out discussion; and discussion is what we want. It is only in discussions that ideas are exchanged. Remember, if you read your paper and it is not discussed it is a flat failure.

Write to the Secretary of your Section at once and let him know the title of the paper you propose to read before the meeting, and thus secure publication in the announcement. Do not put this off for the announcement will be made up promptly and if your paper does not appear properly listed, it

will be your own fault. Our program will not be varied, except by order of the Society. Let us have the titles at once. Don't write to the State Secretary, but send them to the Secretary of the Section before which you expect to read your paper. If you send them to the State Secretary, it will only mean that he will have to forward them to the Secretary of the Section.

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PENNSYLVANIA RAISES THE REQUIREMENTS FOR ADMISSION TO MEDICAL SCHOOL.

Recognizing the advantages of a broader general education and the growing necessity of the prospective student having in addition special preparation for the study of medicine, the Board of Trustees of the University of Pennsylvania has decided recently to raise the requirements for admission to its medical school. These requirements include two years of general college training, and in addition a certain knowledge of biology, chemistry and physics. According to the plan which has been adopted, the standard will be raised gradually, beginning with the academic year 1908-1909 and reaching the maximum 1910-1911.

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CHRISTIAN SCIENCE THE WORK OF SATAN.

The Churchman's Club held a banquet November 15, 1906, at Baltimore, at which Dr. William Van Alten, one of the speakers, alluded to Christian Science, so-called, and Mrs. Mary Baker G. Eddy, in the following terms:

"Eddyism uses the Christian terminology, professes reverence for Christ and the Bible, pretends to exalt God more highly than other religions do, and ingeniously mingles much that is good and true with its own fantastic errors. It is therefore well calculated to do the work Satan desires it to do, namely, destroy faith in the religion of the Christian Church, and to substitute an anti-Christian caricature. It is a big bunko scheme, wherein the victim thinks he has the treasure, but instead holds only the worthless imitation."

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There is no condition in life that excludes a physician from performing his duty.

PERSONAL MENTION.

Dr. W. H. Miller has returned from Chicago.

Dr. A. V. Brokaw, well known in St. Louis is dead.

Dr. J. V. Bonnette, of Blissville, has located at Montrose.

Dr. J. M. F. Gill, of Prescott, has removed to Temple, Texas.

Dr. Morgan Smith paid a recent professional visit to El Dorado.

Dr. James Parker has been appointed as one of the board of U. S. examining surgeons. The board is composed of Dr. W. W. Hipolite, President, Dr. L. P. Woodworth, Secretary, Dr. James Parker, Treasurer.

Dr. J. P. Basham and family of Wrightsville are in the city. They will move to Felsenthal, Union county, where Dr. Basham will engage in the practice of medicine. He is a brother of Judge George L. Basham of this city.

Dr. and Mrs. O. G. Blackwell, who have been in New York City for the last two months, have sailed for Liverpool. Dr. Blackwell will take a post graduate course and he and Mrs. Blackwell will be absent about six months.

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MARRIAGES.

Dr. John D. Young of Brookport and Mrs. Kate Taylor, at El Dorado, February 18.

Dr. Herbert Darnall of Columbus, Ark., was married to Miss Lorine Stuart January 9th.

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DIED.

Dr. John McGill, at Okolona, February 23.

Dr. J. W. Meek, 77 years of age, at Jonesboro, February 27.

Dr. E. D. Lawther, 35 years of age, at Hollywood, February 23.

Mrs. Minnie R. Lynn, February 10th, of Hazen, wife of Dr. J. R. Lynn. Mrs. Lynn was a most estimable lady, and dearly beloved by all who knew her. She died in the bloom of young womanhood of that fell destroyer, tuberculosis. A noble lady has passed away.

LEG BROKEN.

Dr. J. M. Sheppard of El Dorado had his leg broken in a runaway. He was driving a spirited horse, which became frightened, and after running a short distance began kicking when Dr. Sheppard sprang from the buggy, and in alighting he broke his leg.

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THE DEATH OF MR. WILLIAM LENTZ.

The death of Mr. William Lentz of the surgical instrument house of Charles Lentz & Sons, Philadelphia, occurred suddenly on February 18th, in the fiftieth year of his age. Mr. Lentz was president of the American Surgical Trade Association at its June, 1906, meeting at Philadelphia. He was also vice-president and treasurer of the Arthur H. Thomas Laboratory Supply Company.

—X—
DR. W. F. NOE KILLED.

Austin Baker shot and killed Dr. W. F. Noe, of Mountain Home, on Friday night, February 8th, at a few minutes before ten o'clock, in the Doctor's office. The weapon used was a double-barrel shotgun and the shots were fired at close quarters. He was shot twice, one shot taking effect about two inches below the heart and the other entering the lower bowels on the right side. Either shot would have proved fatal. Dr. Noe lived for about an hour and one-half before he expired and his family was with him when he passed away.

On the night of February 8th, Dr. Noe, T. B. Lewis, Gabe Hart, Sid Noe, Ed Baker and Austin Baker were in Dr. Noe's office, talking and drinking. A dispute arose between Dr. Noe and Austin as to whether a certain man was not giving all his whiskey away in town or whether he was not giving some away in town and some away in the country. Hot words passed over this question and Dr. Noe called him a liar. There was trouble started then, which was followed by the shooting.

—X—
THE PATENT MEDICINE BILL.

The Senate killed the Patterson Patent Medicine bill by a vote of 21 to 6 on the 15th. The Black bill which is the Patterson-Black bill with one section eliminated, will come up in the House next week, and will undoubtedly pass the House. Let every member telegraph his Senator and Representative again to support this measure. Don't Relax Your Efforts.

DR. J. P. FLETCHER DEAD.

Lonoke, March 9.—Dr. J. P. Fletcher, one of the oldest citizens of Lonoke county, died at his home in this city last night about 12:35 o'clock. He had been suffering with pneumonia for two or three weeks and a few days ago appeared to be improving, when a relapse set in, causing his death.

Dr. Fletcher came to this state from Alabama about 35 years ago and for a time lived north of Lonoke, later moving to this city. He had practiced his profession ever since he had been a resident of the state until he was taken sick with his last illness. He was about 80 years of age. He is survived by his wife, two daughters, Mrs. A. S. Huntsman of Little Rock and Mrs. Sue Lee of Searcy, and three sons, Dr. Alex Fletcher of Augusta, and Hon. W. P. Fletcher and Dr. T. M. Fletcher of Lonoke.

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LICENSE REVOKED.

In the case of Dr. Thomas E. Rider, Hot Springs, charged with "drumming," Judge Bent revoked the license of the defendant to practice medicine and fined him \$150.

A New York grand jury has indicted James Gordon Bennett for publishing indecent advertisements in his personal column. If the grand juries of the nation should all get busy at one time indicting all newspapers carrying indecent advertisements, where, O where, is the one that would escape? Bennett's offence came in publishing advertisements of bath and massage institutions where young and attractive attendants were offered to the prospective patron. Are these worse than the ever-present advertisement of remedies guaranteed to produce abortion or to restore lost manhood to the jaded roue?

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NEWSPAPER PUBLICITY.

The Jefferson County Medical Society, at its February meeting, unanimously decided to request all members of the society to refrain from giving out information to the lay press regarding professional matters.

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HOSPITAL CONSTRUCTION PROGRESSES.

The Davis Hospital, Pine Bluff, which is now under construction, has already on hand about \$20,000 of the \$30,000 required to complete the building.

DR. J. N. McCORMACK AT LITTLE ROCK.

Dr. J. N. McCormack, of Bowling Green, Ky., Chairman Committee on Medical Organization A. M. A., spoke three times in this city on the 14th, to delighted audiences. At 2 o'clock he addressed the physicians. At 4 o'clock he addressed the Legislature and at 8 o'clock he talked to a popular audience. The talks given at 2 and 8 were at the Y. M. C. A. and the one at 4 was given in the House of Representatives, immediately after adjournment. His talk to the doctors was well received, but unfortunately only a few heard him. It is surprisingly strange that members of our profession, knowing as they do the value of this great man and his unselfish work, that his visits are for our own good and the public welfare, and that it costs us as individuals not a penny—will pay no more attention to the meetings and stay away with as much indifference as though some "Ten-Cent" affair had passed through the town. This is said with all seriousness. These meetings have been arranged by your officers and it does seem like the doctors of Little Rock should have attended in larger numbers than the small gathering we had. The disappointment is keenly felt. His meetings at Brinkley, Walnut Ridge and Searcy were entirely successful and the doctors are well pleased. These meetings will be reported in our next issue. The Journal now being ready for press we cannot wait for them.

His talk before the Legislature was impressive and the force of his logic convincing. The members of the General Assembly showed their appreciation of this masterful presentation by the most courteous attention and frequent and prolonged applause. This talk will do good and our prediction is, that it will bear fruit abundantly. At night the Y. M. C. A. auditorium was well filled and his address to the laity was a magnificent effort which was well received. Space forbids a detailed report of these addresses, but we can conscientiously say, that those who missed them are losers to a great degree.

Dr. McCormack is a great man, doing a grand work.

We ask that the secretaries in each county society, where a meeting is held, report his meetings promptly for publication in the next issue.

SOME SIDE REMARKS.

Many doctors receive advice, but few digest it.

It's better to believe all you see than half you hear.

For the doctor the best guide book is a check book.

An ounce of push is worth a pound of luck charms.

Professional criticism, like charity, should begin at home.

There is lost of worry that comes to the doctors who wait.

Sponges swell up when made to take water; doctors are different.

It is always better for a doctor to throw a bouquet than a brick.

Some doctors never tell a lie; but you may find that they live one.

Some doctors find it necessary to revise their list of friends daily.

Cold facts from the pulpit frequently make the congregation hot.

Frequently the nervousness of some doctors is due to lack of nerve.

We probably have no idea how much amusement we afford others.

Trouble seldom troubles the physician who is able to keep his mouth shut.

Consistency is a jewel, but so many physicians do not care for jewelry.

Find fault with your neighbor if you must, but find fault with yourself first.

Many a doctor's word is as good as his bond—and his bond is worthless.

In order to satisfy some doctors, give them what they think they want.

If ignorance is bliss some doctors must be blessed with perpetual happiness.

No, doctor, the swollen head does not necessarily come from a broad mind.

Before casting their bread upon the waters some doctors tie a string to it.

Doctor, don't blame others for taking you at your own face value, if you give yourself away.

There never were two talents given to a doctor who was unwilling to invest one of them.

Some doctors are born great; but the majority do not have greatness thrust upon them.

There are medical men who would rather lose an eye than let a competitor retain both of his.

Many a doctor does violence to his own principles in trying to keep up with the times.

A doctor with an educated head and without an educated heart can accomplish little of worth.

One of the times to get busy is when you are discouraged and think there is no use trying any more.

One of the most remarkable qualities of a doctor is his docility in being led astray or driven to drink.

Doctor, don't howl if you occasionally get it in the neck. Be thankful that you are not a giraffe.

There is only one way the physician can acquire popularity and that is by keeping his troubles to himself.

Satan is willing to let physicians go to church on Sunday if they will work for him the remainder of the week.

Some physicians are not satisfied when they kill two birds with one stone unless they can get the stone back.

It is no concern of the public's whether a great doctor does good from a desire to do good, or a desire to be famous.

More good advice would be taken if it were not given in a manner that leads one to believe the giver is anxious to get rid of it.

There are lots of doctors who would be unable to paddle their own canoe, if they could not borrow some other doctor's paddle.

When the doctor gets to the point where he is able to lie so skillfully that he cannot be caught, he may then be called a diplomat.

There are a lot of things to be ashamed of in the lives of some doctors, but they are not ashamed of them until they are made public.

There is one thing a physician should put off till tomorrow that he might do today, and that is sitting down and counting up his troubles.

Some doctors not only feel that the world

owes them a living, but they are sore because there are no collection agencies to collect it for them.

We are sorry for the doctors who love controversy. They have always either to be accusing somebody or else explaining and correcting things generally. For those who like it perhaps it is very well.

One of our exchanges gives us this. Let us have more taffy and less epitaphy. If the allopathy of truth were dealt out to the quick and the dead there would be a homeopathy of both taffy and epitaphy.

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NEWS ITEMS.

The annual report of the National Red Cross shows that during the year the organization collected \$3,358,974 used for relief given to the sufferers from the Vesuvius eruption, the San Francisco disaster, the Japanese famine, the earthquake in Chili, and the Mobile storm. The report shows that there are branch organizations in twenty-nine States, with a total membership of about 18,000.

CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS.—The Congress of American Physicians and Surgeons will be held in Washington, D. C., May 7, 8, and 9, 1907. This Congress, which meets every three years, will meet at the Arlington Hotel under the presidency of Dr. Reginald H. Fitz, the several presidents of the different national associations on special subjects constituting the vice-presidents. A preliminary program has been arranged and published which would indicate that the meeting will be a success.

SIXTH INTERNATIONAL DERMATOLOGICAL CONGRESS.—The Sixth International Dermatological Congress will meet in New York, September 9 to 14, 1907. The sessions will be held at the Academy of Medicine on West 43d street. Meetings of this Congress are open to the public, and any member of the medical profession in good standing may join the Congress on payment of \$5.00 at the time of meeting or previously to Dr. John A. Fordyce, Secretary General for the United States, at No. 80 West 40th street, New York City.

This is the first meeting of this particular Congress in America, and the aggregation usually in attendance in foreign countries in-

dicates that it will be a notable gathering this year.

English, French, German, Spanish and Italian are the languages allowed, and a copy of the proceedings will be furnished every registered member in attendance.

THE MEDICAL GAZETTE OF PARIS, the oldest journal of medicine in France, will appear from now on under the direction of our confrere Dr. Lucien-Graux, already editor-in-chief of the *Gazette des Eaux*.

THE NAME OF THE JOURNAL OF THE ASSOCIATION OF MILITARY SURGEONS has been changed with the issue of January, 1907, to "*The Military Surgeon*," retaining the old name as a subsidiary title.

THE AMERICAN PHYSIOTHERAPEUTIC ASSOCIATION announces the following officers for the ensuing year: President Dr. H. H. Robert, Lexington, Ky.; Secretary, Dr. Otto Juettner, Cincinnati, Ohio; Treasurer, Dr. George H. Grant.

THE PHI CHI MEDICAL FRATERNITY held its annual convention at the St. Charles Hotel in New Orleans the first week in January. The meeting was unusually well attended and from reports was a success. Mr. T. Spee Jones of the Tulane Medical Class was elected to the presiding office of the Fraternity.

FREE TREATMENT AT HOSPITALS.—At the Hospital Conference, held recently in London, it was shown that nearly five hundred out of every thousand of the population received free treatment at hospitals. This abuse is largely on the increase in this country as well as in Europe.

DEATH RATE IN NEW ORLEANS.—The death rate for whites in New Orleans during the past year was 16.49 per cent., the lowest ever recorded. With non-residents excluded, it was 14.86 per cent.

THE BROOKLYN MEDICAL JOURNAL, after an existence of twenty years, has ceased publication with its December issue.

EPILEPTIC COLONY.—The report of the Superintendent of the Epileptic Colony at Abilene, shows that during the year 324 patients were treated, and that more than 350 are still on the waiting list for admittance, which is denied for lack of room. It is also believed that there are a number of

epileptics in the State of Texas who have not yet made application for treatment because it would be of no avail.

THE PUBLIC HEALTH AND MARINE HOSPITAL SERVICE announce an examination for candidates for admission to the grade of assistant surgeon, to take place at No. 3 B Street, S. E., Washington, D. C., April 15, 1907, at 10 o'clock a. m.

Candidates must be between 22 and 30 years old, graduates of a reputable medical college, and must furnish testimonials as to their professional and moral character.

Examinations are physical, oral, written and clinical. In addition, candidates must certify the belief that they are free from ailments disqualifying them for service in any climate.

Successful candidates will be numbered according to the examination standing and will be commissioned in this order as vacancies occur. The salary is \$1,600.00, which is increased with promotion, and the tenure of office is permanent.

For further information address "Surgeon General Public Health and Marine Hospital Service, Washington, D. C.

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ROCKEFELLER SCHOLARSHIPS FOR ORIGINAL RESEARCH.

These scholarships, varying in value from \$800 to \$1,200 each are open for award to properly qualified men and women for work to be carried on in the laboratories of the Rockefeller Institute in New York, the condition being that the candidates devote their time to original research. Particulars may be obtained on application to Dr. L. Emmet Holt, secretary, 14 West Fifty-fifth St., New York, to whom application with credentials must be made not later than April 1st.

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MR. BOK'S PAPER.

Mr. Bok, of Philadelphia, editor of the Ladies' Home Journal, read a paper before the Philadelphia County Medical Society, on "The Suppression of Quackery," which we republish from the Journal of the A. M. A. Every word in this paper is true. The editor of the Journal commends this paper to every member of the State Society. For our

own part we have resolved not to again prescribe a proprietary or "patent" that has not been passed upon favorably by our Council on Chemistry and Pharmacology.

Let every County Society in Arkansas take up this matter and pass resolutions against the growing evil and then let our State Society speak out. After all, however, the individual conscience must act from motive. Motive must prompt to action, to be effective.

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PHYSICIANS AND PHARMACISTS.

The physicians and pharmacists of Monessen, Pa., have entered into an agreement by which druggists agree to avoid window displays of proprietary medicines and the advertisement of the same, to discourage counter prescribing and to refer patrons to a physician, and the physicians agree, on the other hand, not to dispense tablets except in a case of emergency and not to prescribe proprietary pharmaceuticals, but to indicate U. S. P. and N. F. preparations wherever possible.

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COLLEGES MERGE.

An announcement was made February 14, of the consolidation of the medical departments of Kentucky University and University of Louisville. In consideration of the sum of \$40,000 the University of Louisville purchases the buildings of Kentucky University, its good will and equipment, and the two faculties are combined.

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Dr. W. W. Keen, of Philadelphia, who for nearly half a century has been prominently identified with medical institutions in Philadelphia, has resigned as professor of surgery of Jefferson Medical College. Following the acceptance of his resignation Dr. Keen was made professor emeritus. He will shortly sail for Europe and will remain abroad a year or more.

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"PATENT MEDICINES" NOT TO BE SOLD WITHOUT PRESCRIPTION.

Chief of Police Wappenstein, of Seattle, recently issued an order to druggists forbidding them to sell "patent medicines" containing opiates, without a prescription from a physician. The order is simply an enforcement of a city ordinance.

SALINE COUNTY MEDICAL SOCIETY.

The Saline County Medical Society held its regular meeting at the court house, Monday, March 4th at two p. m. Endorsed the Patterson-Black medicine bill and elected the following officers: Dr. J. W. Melton, president; Dr. Chas. Prickett, vice-president; Dr. Chas. J. Steed, secretary and treasurer. Those present were: Doctors W. E. Morris, president; Chas. J. Steed, vice-president; Dewell Gann, secretary; John W. Melton, Chas. Prickett; J. M. Phillips, A. J. Graham, J. E. Elliott.

Doctors Graham and Prickett were appointed a committee to assign subjects for our next regular meeting, first Monday in April.

The Society tendered a vote of thanks to retiring officials and Col. W. R. Donham, for the use of his office and designated this to be by far the most interesting meeting the society has ever held.

Members will please send in your choice for delegate.

DEWELL GANN, *Secretary*.

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PULASKI COUNTY MEDICAL SOCIETY.

PROGRAM.

JANUARY 7, 1907.

Dr. Morgan Smith: The Liver.

JANUARY 21, 1907.

Dr. E. R. Dibrell: The Heart.

FEBRUARY 4, 1907.

Dr. W. H. Miller: Placenta Previa.

FEBRUARY 18, 1907.

Dr. R. W. Lindsey: The Lungs.

MARCH 4, 1907.

Dr. M. D. Ogden: Ehrlich's Side-Chain Theory of Immunity.

MARCH 18, 1907.

Dr. O. K. Judd: Cerebral Topography.

APRIL 1, 1907.

Dr. W. A. Snodgrass, Management of Acute Traumatic Infections.

APRIL 15, 1907.

Dr. Wm. R. Bathurst: Diagnosis of Skin Diseases.

APRIL 29, 1907.

Dr. L. P. Gibson: The U. S. Pharmacopœia.

This Society meets every two weeks on Monday night at 7:30 sharp, in the rooms of the School Board Building, Eighth and Louisiana Streets. You are earnestly requested to be present as often as possible.

M. D. OGDEN, *Secretary*.

FIRST DISTRICT MEDICAL SOCIETY.

The First District Medical Society request your presence at their Spring meeting, Tuesday, March 12, 1907, Walnut Ridge, Ark.

PROGRAM.

MORNING.

President's address.

Reading of papers.

Election of officers.

AFTERNOON.

Reception at 1:30, Rhea Hotel.

2:30 p. m.—Address by Dr. J. N. McCormack, of Kentucky to the Society.

EVENING.

7:30 p. m.—Dr. J. N. McCormack, Address to the Public.

Banquet, after the meeting.

OFFICERS.

G. A. Warren, M. D., Councilor, Black Rock.

W. W. Jackson, M. D., President, Jonesboro.

Thad Cothren, M. D., Vice President, Walcott.

Olive Wilson, M. D., Secretary and Treasurer, Paragould.

Will you kindly acknowledge the receipt of this invitation by signing and mailing the enclosed postal card, so that the committee on arrangements will be able to make ample preparations.

(The above invitation has been received by the Secretary. Regret exceedingly our inability to attend.—Ed.)

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SECTION ON OBSTETRICS AND GYNECOLOGY.

Dear Doctor Stephenson:—I herewith enclose notice of the Saline County Medical Society. P. S.—Members of the State Society who can read papers will please send them in as soon as possible, don't wait for a personal appeal. Let us reason together. Are you not as busy as I am? Well, then, let us get at this the shortest way and all pull for the good of the State meeting.

DEWELL GANN,

Secretary on section O. and G.

CRAWFORD COUNTY MEDICAL SOCIETY.

Meets at Alma February 28, 10:30 a. m. Dr. Rives will give dinner at Mrs. Howell's for doctors and wives. Let him know if you will be there. *Write him now.*

M. R. DIBRELL, Sec.

Questions for February 28, 1907.

1. Differentiate diabetes insipidus from nephritis.
 2. Cyrrhosis of liver, etiology, prognosis and treatment.
 3. Give etiology of neuralgia.
 4. Give the different forms of leucocytes.
 5. What gives to urine its acid reaction?
 6. Describe enteroptosis and gastropptosis.
 7. Etiology and treatment of amenorr. hoca.
 8. Describe the Circle of Willis.
 9. What is Babinski's sign?
 10. Physiological action and medical properties of valerian.
- Dr. Lucas, essayist.

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LOST BROTHER.

Dr. C. C. Stephenson,
Louisville, Ky., March 1, 1907.
Secretary Ark. Med. So.,
Little Rock, Arkansas,

Sir:—Dr. C. C. Lutterloh of Jonesboro, Ark., informs me that you have a register of all the doctors in the State of Arkansas. I have a brother, *S. P. Lirely*, who has been practising medicine since 1892. About 5 years ago he left Rector, Arkansas, and went somewhere else. I have not been able to locate him since. I have heard him express a desire to move to western Arkansas. There is an estate of \$1,250 coming to him and I would like very much to find him if either alive or dead, as the case may be. I would ask you very appreciatingly to assist me by your records and other means which you can devise to locate him.

Very respectfully and fraternally.

W. H. LIRELY.
507 Johnson street.

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ITEMS FROM BOONE COUNUTY.

Dr. C. J. Floyd, who two years ago moved from Bellefonte, Ark., to Durant, I. T., has returned and has located at Harrison, Ark.

Dr. A. J. Vance, of Harrison, Ark., some time back took his wife to St. Louis for an operation for appendicitis, by one of the

city's surgeons. We are glad to note Mrs. Vance is back at home well.

Dr. J. J. Johnson has about completed an extra fine new stone building on the north side of the public square in Harrison, which he will occupy as an office.

It is expected that quite a number of Boone County physicians and their friends will attend Dr. J. N. McCormack's lecture at Eureka Springs, Ark., on March 21st.

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MISSISSIPPI COUNTY MEDICAL SOCIETY.

Osceola, Ark., March 1, '07.

Dear Doctor:

The next session of the Mississippi County Medical Society will be held at Osceola, on Wednesday, March 6th, '07, at 10 a. m.

After the business meeting the following program:

1. Paper. Diphtheria. Dr. Ferguson.
2. Paper. Cascara Sagraada. Dr. Nall.
3. Report of a case. Dr. Martin.

A full attendance is desired as we wish to make arrangements for as many as will to attein the District Society at Walnut Ridge on the 12th inst. to hear Dr. McCormack. Make an effort, Doctor, to come, and try to interest those near you to come with you.

Fraternally, etc.,

THOMAS G. BREWER, *Secretary.*

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FAULKNER COUNTY MEDICAL SOCIETY.

Dr. C. C. Stephenson, Little Rock,

Dear Doctor:—At the regular meeting of the Faulkner County Medical Society, held December 20, 1906, the officers were elected as follows: Drs. J. F. Brown, president; J. B. Munn, vice-president; J. S. Westerfield, secretary-treasurer; J. B. Munn, delegate; W. R. Greeson, alternate.

Yours very truly,

J. S. WESTERFIELD, *Secretary.*

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A MEDICAL FUND FOR THE POOR.

The late Mrs. Fannie Letitia Keating bequeathed \$10,000 to Dr. H. T. Woodward of San Diego, Calif., and certain minor bequests to others. The remainder of her estate is to be invested and the proceeds applied to "the employment of one or more duly qualified medical and surgical practitioners, who shall devote all of his or their time and energies to the relief of the sick poor, either permanent residents or visitors to the city of San Diego, irrespective or sex, politics or creed."

ANNOUNCEMENT.

THE JOURNAL OF INEBRIETY after thirty years of continuous studies of the disease of inebriety and drug taking begins its new decade by entering upon comparatively new field of physiological and psychological therapeutics, for the treatment of these neuroses. Arrangements have been completed by which THE ARCHIVES OF PHYSIOLOGICAL THERAPY has been consolidated and will hereafter be published as a part of THE JOURNAL OF INEBRIETY. This very able monthly has been developing parallel lines of study with THE JOURNAL OF INEBRIETY. In the opinion of its managers its scientific value would be greatly enlarged by concentrating its work along some special lines. The disease of inebriety and its allied neurosis is a field of most practical interest, hence THE JOURNAL OF INEBRIETY is selected as a medium for continuing the work of THE ARCHIVES OF PHYSIOLOGICAL THERAPY.

Henceforth in addition to the various phases of this subject which THE JOURNAL has presented, the therapeutic effects of hot air, radiant light baths, electricity, massage, psycho-therapeutic measures and other physiological means will occupy a prominent space. This effort to clear away the confusion and broaden the studies of therapeutic means for cure, will make THE JOURNAL OF INEBRIETY one of the most practical and valuable visitors to every hospital and institution, as well as to all specialists who treat brain and nerve neurotics. We shall aim to present and formulate the latest studies and facts along these frontier lines, and in this way lift the whole field of therapeutics out of its presents empiric stage into one of rational therapeutics.

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STATE MEETING.

Everything points to our next meeting as being by far the biggest meeting ever recorded in the history of the Arkansas Medical Society. The indications are that we shall have an attendance of at least five hundred doctors. There seems to be an interest in the medical work of Arkansas never before known to the profession. Our members are closer together, and understand one another better than ever before; differences that used to exist are melting away, thanks be to the perfection of medical organization.

Dr. McCormack's visit will create considerable interest and in addition to that the proposed visit of Dr. Wyeth necessarily means that interest is being manifested in the profession of Arkansas that is somewhat more than usual. Then, again, the fact that the State Medical Society this year will be the guest of the Little Rock Board of Trade means that we have outgrown our swaddling clothes and are now measuring up to a stature which is attracting the attention of our fellow citizens.

Be sure that you make your arrangements to be here promptly and not only come yourself, but bring your wife, your daughter or your sweetheart, and let your ladies enjoy some of the privileges, some of the pleasures, as well as the honors that come to you through organized medicine. They are entitled to this and you have no right to deny them any pleasure that it is possible to grant to them. They deserve a nice outing and this is your opportunity to do the right thing by them.

When you come, come with the understanding that you are going to be a part of the State Medical Society, and come with the understanding that you are going to do your duty; that you are going to take part in the discussions of the various medical subjects presented. The Society will profit by your experience and you may learn something from the experience of some one else; so don't expect to make this meeting a success unless you discharge the duty that is incumbent upon you as an individual member. Every member owes to the Medical Society a work that no one but him can do. Now, let's all pull hard and pull together for a successful meeting.

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In the treatment of chronic constipation Dr. Schmidt, of Dresden, wishes to introduce a new theory. He says that chronic constipation is due to a too thorough absorption of the food, which does not allow the growth of microbes in the intestines, which is very essential for the peristaltic movement. Schmidt recommends agar-agar for the treatment of constipation, and says that a daily dose of 20 to 25 grains of agar-agar will remove the complaint. He also mentions Dr. Kohnstamm's theory relative to chronic constipation and thinks that the albumin of the meat causes a toxin which prevents the peristaltic movement.—*Therapeutic Gazette*.

FROM DR. R. H. T. MANN.

Editor of the Journal of the Arkansas Medical Society, Little Rock, Ark.

My Dear Doctor: I have been Councilor of the Sixth District long enough now to begin to see some of the things needed, at least in this district, to make organized medicine what it should be. I have visited every society in my district save one and to my mind the things most needed in my district is the changing of chapter IX, section 5, which reads as follows:

"Each county society shall judge of the qualifications of its own members, but as such societies are the only portals to this Society and to the American Medical Association, every reputable and legally registered physician who is a graduate of a reputable medical college, does not practice nor claim to practice nor lend his support to any exclusive system of medicine shall be entitled to membership."

In my humble opinion the clause which reads, "is a graduate of a reputable medical college" should be eliminated. There are many reasons for this, in the rural districts, especially.

The other day I attended the largest and most enthusiastic county meeting that I have attended this year, over at DeQueen. There were 18 physicians in attendance upon their county society at 2 o'clock in the afternoon. Pretty good, was it not, for a large county society scattered over quite a territory? During my remarks I stated that in my opinion every legal practitioner ought to be eligible to membership. After the meeting they frankly told me that in their county they admitted every legal practitioner whether he was a graduate or not. Then I told them they could not do this. They said, "We could not run our county society in any other way." Down in another county in the district there are 30 registered physicians, 10 graduates and 20 non-graduates. In this county the physicians are not getting anything like the fees due them and they are greatly imposed upon by the planters because they are not well organized and they cannot become well organized and stand out for their rights until all physicians practicing in the county become eligible to membership. Another reason is we have long ago failed to recognize the diploma from any medical college and require of each applicant to practice medicine that he

pass an examination such as the board of examiners of the Arkansas Medical Society shall conduct. Then after he has fulfilled the requirements which our board demands and we have failed in any sense to recognize his diploma, we demand further of him that he produce a diploma.

A poor rule, indeed, that will not work both ways! We take these non-graduates into our homes, consult with them, and are glad of the consultation work which they give us, but when it comes to inviting them into our societies we refuse. There are a great many non-graduates who are legal practitioners and who are of good moral character practicing in this State. Possibly there are more than a thousand of them. They can and may form a very great drawback to organized medicine unless we get them into our societies. I have changed my views completely on this subject within the last five years. Living here, as I do, right on the State line, I have a working knowledge of both State societies, Arkansas and Texas. When I ascertained that in the Texas society they were admitting graduates and non-graduates alike to membership in the county societies, I even went so far as to write the secretary of the American Medical Association, if such a thing could be. He replied that it was optional with the State Society.

I have seen the workings of this for several years now, I have seen the great Texas organization grow from year to year, in both number and enthusiasm. I had the pleasure last fall of attending one District Society in North Texas in which there were fully 300 doctors in attendance. More I believe than we have ever had at a meeting of our State Society. This observation has taught me a valuable lesson, and I hope that in some way we can get the same methods into our Society.

Yours very truly,

R. H. T. MANN,
Councilor for 6th District.

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WORK IN FIRST COUNCILOR DISTRICT.

As soon as I had positive information of Dr. McCormack's coming to Arkansas to spend two weeks with the several District Societies, I decided to visit every county in my district before his coming and urge the doctors to attend the meeting of the District Society, emphasizing the importance

of Dr. McCormack's lecture, and the good it will do those who do attend. I first visited Randolph County Society and found a good attendance, a good interest, and heard a good paper on "Malarial Hematuria" by Dr. Ed Hughes. The discussion was enthusiastic and general, taking up all the time for the program. I got the majority to promise to be at Walnut Ridge March 12, and they further promised to notify every doctor in the county who is not a member of the society.

I next visited Craighead County and while there were but few present, they were enthusiastic about Dr. McCormack's coming and voted to pay \$10 toward the Councilor's expenses in doing the necessary visiting of the different counties, and a meeting of the Council at Little Rock. This society further decided to give a reception and banquet on February 22, and invite every doctor in the county to be the guest of Craighead County Medical Society on this occasion, so that they could get an opportunity to tell all their brother physicians in the county the importance of Dr. McCormack's lecture, and take the opportunity of getting pledges from all who would consent to go to Walnut Ridge March 12.

This banquet was given at the Warner House, and 25 were present and 12 or 15 promised to go to Walnut Ridge. The banquet was an elaborate one, in both liquid and solid refreshments, and a better feeling never existed than on that occasion. Craighead County has some good doctors and they are anxious to have a good society, and we think the future promises good to them; at any rate, if they keep up the interest displayed at this meeting of February 22.

Next I went to Greene County, and here met several doctors, some coming 12 or 15 miles out of the country to attend their county society. Greene County has always had a good society, but at times its interest lags. The members present were all anxious to come yet they would not promise to send more than five or six for sure. They promised to notify all the doctors in the county and urge them to attend Dr. McCormack's lecture. While there I was entertained at the private sanitarium of Dr. A. G. Dickson. This sanitarium is a model of convenience and is large enough for 30 or 35 patients. It was occupied a few days before

and the carpenters were still busy putting on the inside finish.

I next visited Mississippi County Society, which met at Blytheville. There were 12 or 15 doctors present and an interesting program was carried out. Here again malarial hematuria was discussed "pro and con," but the most interesting paper was read by a young doctor, whose name I can't recall, on "The Tonic Action of Digitalis." There was both a forenoon and afternoon session and a better or more enthusiastic county society I never saw. The meeting was held in the parlor of Greenlaw Hotel, and the Blytheville District had arranged with the Hotel to give a special dinner to all the doctors present. A table was arranged for the accommodation of 24 doctors, and this table was loaded with all the good things one could think of, and besides these several waiters were kept busy passing delicacies that could not be put on the table for want of room. This spread was not specially arranged for visitors, but for home doctors. I was the only visitor, and they did not know I would be there till they saw me get off the train. The doctors were all interested in the proposed visit of Dr. McCormack, and set March 7, for a special meeting to try and get the society "as a body" to go to Walnut Ridge. What was done at this meeting I have not heard, but I expect a good delegation from Mississippi County.

I had arranged to visit the society of Clay County, and to visit Crittenden County to organize a society; but on March 3, I took lagrippe and my visit to Clay County had to be forgone, yet by writing, telegraphing and telephoning, I hope to get an interest aroused, if indeed, it was not already aroused, and get a good attendance from Clay County. I also wrote every doctor whose name I could learn in Crittenden County, and urged them to come and we could organize at Walnut Ridge. Should they not come, I will try to visit Crittenden before the State Medical Society and organize a society, if possible.

I shall report the result of the meeting at Walnut Ridge for the April number of THE JOURNAL.

G. A. WARREN, Councilor.

Black Rock, Ark.

THE PHYSICIAN AND THE NOSTRUM.

EDWARD BOK,

Editor of *The Ladies' Home Journal*,
Philadelphia.

(Read, by invitation, before the Philadelphia County Medical Society, Dec. 12, 1906.)

During the four years that we have been engaged in the work of arousing public interest in the evil of "patent medicines" it has been my pleasure, in common with others, to have received hundreds of approving letters from physicians all over the country and scores of complimentary resolutions from medical bodies. And it is my sincere hope that the few words I shall say to you this evening, in my first appearance before a medical body, may not be accepted as being in any way unappreciative of those marks of approval. I appreciate and value them.

But I feel that the time has come, if we are to succeed in the fight in which we are engaged, to be perfectly frank as regards the relation of the medical profession to proprietary medicines. I am going to try to point out to you that in two distinct ways the medical profession is today absolutely hindering us laymen in our fight and clogging the wheels of further progress: First, in your inactivity where you should be active, and, secondly, by your direct co-operation with the "patent medicine" traffic.

Every man knows that the life of a nostrum depends on publicity, and one of the first things we did in our fight was to see to what extent the press could be persuaded to close its columns to the advertisements of "patent medicines." It was not easy, for the business office of a paper or magazine is very powerful. Yet today scarcely one of the reputable monthly magazines will accept a "patent medicine" advertisement, and the same is true of the prominent weeklies. The best of the farming papers are today immune from this advertising. Pressure is being brought on the religious press that will soon result in a general clearing up of those papers. Progress with the daily newspaper has been slower; still, there are forty-three daily papers, large and small, today that will not accept "patent medicine" advertisements. Now, gentlemen, remember that such a step means a great deal in the revenue of a periodical. I know a magazine

that could easily increase its advertising revenue six figures a year if it accepted "patent medicine" advertisements. I have no doubt that if the *New York Times* and *Philadelphia Ledger* admitted this business these two papers could increase their revenue by at least fifty thousand dollars a year. Many of these papers and magazines have taken this stand on principle; others because of the pressure brought on them by their readers. The public at large has been writing to its newspapers insisting that those advertisements shall stop; the church people have been writing to their papers; the farmers have been writing to their papers—all classes of the public have been busy; all classes, gentlemen—except the physicians.

Look at your average medical paper—reeking with the advertisements of proprietary—so-called ethical—preparations. And not only advertisements, but reading notices palpably intended to deceive. The very class of papers that should have been the first to cleanse their pages is today the last to make even a move in that direction, and stands today, in this respect, as a discredit to honest journalism.

Now, what is the result? I go to the publisher of a newspaper and ask him to clean his columns of "patent medicines," and he points, as he has done in many cases to me, to the medical press. "Why, man," he argues, "these preparations can't be so bad as you fellows make out, or they wouldn't be advertised in these medical papers. These medical publishers know better than you do what is good and what is bad in these 'patent medicines,' and what they allow to go into their papers I guess we can safely stand for." That is why it is so important that the medical press should be cleansed of these advertisements; it is in the influence, the example that they exert on the lay press, and it is an argument on the part of the lay publisher that is very difficult to combat. It is this argument that again and again is used by lay publishers in writing to their protesting readers, and then these readers send the letters to me and ask, "Is this true? Are these advertisements permitted in good medical papers?"

Now, you know that it is true, and you know also that it should not be so, and yet what have you, physicians, done to stop it? You have, in your societies, passed resolutions, a very easy and comfortable thing to

do and about as ineffective as it is comfortable. I have myself seen these resolutions received by the medical publishers, and disposed of with a grin—in the waste basket. But what have you done as individuals? For let me tell you, as an editor, that the editor or publisher of a paper of any kind is mighty sensitive to the individual protest of his readers. When letter after letter comes in harping on the same subject, take my word for it; that editor or publisher is going to sit up and listen. Those letters are from the people on whom he depends for his support, and he is not turning a deaf ear to the source of his livelihood.

Let me give you an illustration of how this works. One of the most prominent daily newspapers began to get letters from its readers objecting to its "patent medicine" advertisements. The first few letters made no impression on the publisher, but as they kept coming in he realized that he had to make some sort of a show of being good. So he declined the most flagrant. When this fact became known to one after another of the "patent medicine" manufacturers, they argued that if this newspaper found it necessary to trim its sails to appease the public, it was idle for them to advertise at all to a public in that state of mind. So they stopped, and they have stopped so effectively that the publisher of another newspaper, which readily takes any "patent medicine" advertising it can get, told me a few weeks ago that, while his paper had carried in the first eight months of 1905 over sixty-two thousand dollars' worth of "patent medicine" advertising, this year for the same eight months he had carried eighteen thousand dollars' worth. That is what can be done.

Now, while the people at large have been busy with their papers, I have not heard of a single well-ordered and coherent movement on the part of the medical profession individually to do the same work with its papers. You have talked beautifully, but what have you done? The best proof of the fact that you have done practically nothing is shown in the condition of your papers, and yet, gentlemen, it was your duty, more than the duty of any other body of men to do this. It is no excuse to say that physicians are too busy. There are men in other professions just as busy as you are. You have been inactive. You have allowed

us laymen to work with our papers while you have sat idly by, or made desultory attempts, where you should have taken a vigorous individual stand and stopped it. And you can stop it if you make the honest effort. You are supporters of these papers; without you they can not exist, and on you, directly and solely, rests the responsibility of the present situation that we as laymen can scarcely go any farther with compelling the cleansing of our papers so long as those papers can point to the medical press as its companion in perfidy.

You have two ways open to you:

Either insist as subscribers and readers that these papers shall cease these advertisements:

Or stop, as physicians, from prescribing these medicines yourselves and thus make this advertising unprofitable. Or both.

And this brings me, naturally, to my second point: your direct co-operation with the "patent medicine" curse—a co-operation that I confess, gentlemen, is nothing short of appalling. I give you my word for it that as one result of my investigation of this question there has come to me an amount of evidence as to the unintelligent prescription of secret proprietary medicines on the part of physicians that, if published, would tend to cause an amount of unrest and distrust on the part of the public that is mighty unpleasant to think of.

It is not for me, gentlemen, to diagnose the reason why physicians habitually prescribe proprietary preparations. Several of your own writers claim because it is easier; others because physicians are lazy, and still others that your medical colleges do not adequately teach the writing of prescriptions. I do not know, for I am not competent to say, but what I do know is that this prescribing of these preparations seems to be on the increase to an alarming extent. Your own Dr. Jacobi says that in twenty-five years the percentage has grown from one in fifteen hundred prescriptions to 20 and 25 per cent. He also says that in a single New York drug store investigation showed that "70 per cent. of the prescriptions sent by reputable physicians contained either nostrums, pure and simple, or as a part of a compound." Doctor Billings, of Chicago, says that in his city the records of one drug store showed 42 per cent. of the prescriptions prescribing proprietary medicines, and in

another 50 per cent. In Boston, 38 and 48 per cent.

Now, gentlemen, I will not gainsay that there are good proprietary preparations and that a physician, after a diagnosis of a case, and knowing his patient, and being fully aware of the exact ingredients in such an ethical preparation, is perfectly justified in prescribing it, if he feels that it meets the conditions of that case. Whether such a course is detrimental to scientific medicine is for him to settle with himself.

But there is a time when he is not justified in such prescription, and when he closely borders on the criminal line, and that is when he prescribes a preparation of which he either does not know the ingredients or, what is even worse, when he has erroneous information as to those ingredients.

And yet this prevails today in the medical profession, and prevails to an extent that is almost impossible of belief to the layman. When I heard the first mutterings of this condition of things I gave it no credit. While I knew that physicians were human and made their mistakes in common with us all, I could not believe that they could make *that* mistake. But instance after instance came to me until I could no longer turn aside, and I determined to find out. And recently I did.

Conditioned that I should not reveal my source of information, nor give names of remedies or physicians, I was given an opportunity to examine 100 prescriptions that had been filled. Of those 100 prescriptions, 42 prescribed a proprietary drug or article in part or in whole. I selected 30 of these, and called on each of the physicians who had written those prescriptions. Now, gentlemen, those physicians were men of excellent standing, some very high in their profession, and how many of those 30 physicians, would you say, gave me an accurate, or anything approaching an accurate, analysis of the ingredients of the nostrums which they had prescribed? How many? *Two*, gentlemen, *two* out of all the thirty! The rest either did not know, or—what is even more dangerous—thought they knew when they did not.

One of these prescriptions called for a certain headache remedy, given to a woman who was in an exhausted condition, who had weak heart action, and who, having read of

the dangers of headache remedies, did not trust her own judgment, and called for her family physician. He gave her a remedy, saying that he knew it to be harmless, that it was entirely free of the powerful drugs of which she had read. Within a half hour of taking the remedy the woman's lips began to get blue, she went into unconsciousness, and it required all that two doctors could do to bring the woman back to consciousness. The remedy contained 61.5 per cent. of acetanilid! The physician, when I saw him, showed me his proof on which he had based his knowledge, the statement of the manufacturers, whom he said were reputable people!—a statement, as I happen to know, written by a man who never went to a medical college, a man whose word every physician would scorn to accept did he know him. When I showed him my analysis he was dumbfounded, and confessed he hadn't known. But, gentlemen, he should *have* known. *It was his duty to know!*

Another prescription called for a certain tonic that the physician told me was one of the most reputable tonics known to the profession; its ingredients of quinin, beef and iron were universally known and nearly all physicians prescribed it. One of its greatest virtues was, he told me, that it was non-alcoholic. I proved to him that the tonic did not contain even a trace of beef or iron, but that it did contain 22 per cent. alcohol. He could not gainsay my authority; he was surprised and confessed that he had not known. *But, gentlemen, shouldn't he have known?*

One of these prescriptions gave to a child a remedy calculated to soothe its restlessness. It did so, so effectively that the parents changed their physician, went to another, who prescribed another remedy, and the child lay in a stupor for two hours. I saw both of these physicians; they confessed to me they did not understand the case. But I did, gentlemen, for both of these physicians had given that child morphin concealed in "ethical" proprietary preparations, and when I proved this to them, they were amazed and confessed they hadn't known. *But, gentlemen, should not a physician, prescribing for a child, know?*

Five of these prescriptions called for a certain tablet supposed to build up the system in extreme cases of weakness, and especially given to women at certain periods of physical drain and exhaustion. All of the

physicians assured me that these tablets were among the few ethical preparations that could be absolutely trusted, and each showed me a printed formula of their contents. These tablets, I was told, contained among other things iron peptonate, two purely vegetable compounds, and extract of nux vomica. "The best on the market," said one of these physicians to me. As a matter of fact, those tablets contain not the slightest trace of iron peptonate or nux vomica, but do contain two principal ingredients—starch and liquorice! And yet, gentlemen, these same tablets, I have learned from careful and authoritative sources, are today being prescribed by a large number of the best physicians of Philadelphia, and when I have asked several of them on what authority they were accepting their ingredients I was shown a printed formula by the manufacturing concern!

Some time ago, finding it necessary to know about a certain nostrum advertised to the public, and having no time to make an analysis, I consulted five physicians in order to reach a necessary decision. All five physicians told me that the preparation contained a dangerous amount of cocain in it; that it was well known for containing that ingredient. I made my decision—only to find that I had made a wrong decision. The preparation contained not a trace of coca or cocain and never had. *Gentlemen, these physicians did not know. But they should have known, or else not have said what they did.*

And so I might go on; not isolated cases, not a case here and there, but a condition that is dangerously general.

Now, what is the result? The physicians are doing precisely what we are asking the people not to do: not to use these "patent medicines," because they do not know what they contain. What *effectiveness* can I make to such an argument when people write to me by the score citing instances of revealed ignorance on the part of the physician of the preparation which he prescribes, and rightly say to me, "How do you explain this?"

Can I explain it, gentlemen?

Dr. Jacobi calls this practice not far from criminal, and I would rather have him say it than say it myself. But it is a mighty serious condition, and nothing confronts us laymen in our fight so insurmountably as

this argument that can be advanced against the medical profession.

We are trying to separate the public from the nostrum, and have in a measure succeeded. But what are you doing? Now, let me bring this question home to you—home to the physicians of Philadelphia. Are you aware of the fact that this practice of prescribing nostrums has so insidiously grown on you that while in 1905 an examination of several thousand prescriptions written by Philadelphia physicians showed 41 per cent. to call for "proprietarys," this year, so far, the average shows 47 per cent.? Are you going to do more and more each year what we are asking the people not to do? If you are going to prescribe "patent medicines," why should the layman pay your fee as a physician in addition to the cost of the medicine which he can buy himself? We are preaching to the public to stop the nefarious habit of self-doctoring, but physicians, by such methods as these, are driving people to doctor themselves, driving them to the quacks and the charlatans. There is no question that the whole practice has grown out of thoughtlessness. But has not this thoughtlessness gone far enough?

Evidently, gentlemen, the Council on Pharmacy and Chemistry of your national association was created none too soon. But even without access to the analysis of the council, the physician has no excuse. Opportunities are open to him to learn the ingredients of the medicines he prescribes, and if he has no time to find out he has no right to prescribe what he does not know.

And so, gentlemen, you who should be with us laymen in our efforts to stamp out this evil, are not only making our fight the harder, but you are actually hindering us. We look to you for help, as I think you will agree we have a right to do in our effort, and what do we get from you?

Unctuous words, but unclean hands.

Now, I ask: Is this fair? Is it playing the game, gentlemen?

You are here tonight to discuss the question of the suppression of quackery, but it seems to me you have chosen the wrong topic. Your question should be the suppression of the *physician* in his *aid* of quackery.

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THE health commissioner of New York, Dr. Thomas Darlington, has organized a series of shows, to be held in parks and public places.

THE EXCEEDING IMPORTANCE OF A
CLEAR UNDERSTANDING OF THE
VASOMOTORS AND THE UTILIZA-
TION OF THEIR FUNCTION TO
GET BEST THERAPEUTIC
RESULTS.

W. C. ABBOTT, M. D., CHICAGO, ILL.

Whatever may be the anatomical structure that affords the phenomena we term vasomotor, it is certain that perturbations of vasomotor equilibrium form the earliest evidences of disease in the vast majority of the governing apparatus that the first evidence of approaching disease is almost invariably to be displayed in alterations in the vascular tension of some other area. Let this be due to the advent of an invading swarm of bacteria, or to the presence of a chemic irritant in the blood conveyed to the part, the first response to any abnormal irritation is to be seen in an alteration of the caliber of some part of the circulatory tract; in fact, such a change is usually requisite for the production of pathological lesions that are recognizable by microscopic investigation.

In venules, arterioles, or capillaries, or in all three, we have first either a condition of spasm by which the vessels are contracted and the blood is forced out into the general circulation, or a state of paresis, the vessels dilated and containing more than the normal quantity of blood which leaks into the area of low pressure from the general circulatory reservoir. Here commences the anatomy of disease—and that frightfully neglected process, the physiology of disease. Too much attention and too much importance have been given to the dead tissues, too little to the aberrations from normality displayed by the still living organs and acting functions. It is with living-functionating tissues that we have to deal; with pathological processes while still active, in bodies not yet devitalized, and not with the final end results of these processes in bodies that have succumbed. If a patient is still alive to-day, he should have enough vitality to keep him living for a succession of tomorrows, provided we can successfully cope with his malady and prevent its making further progress. We may, then, take up the question of eradicating the malady, which is another matter.

The physician who accustoms himself to study the conditions presented by the vasomotors soon learns to detect the earlier perturbations, to recognize local "jangles," and

to apply his remedies before the difficulty has progressed beyond the simple disorder of tonicity-excess or deficiency. It may not be easy to give a nosological designation to these cases, and the physician may have his own opinion as to whether in dissipating the disease and restoring circulatory equilibrium he has aborted a pneumonia or jugulated any other affection; but he knows that just such cases let alone do develop into maladies that can, without the slightest difficulty, be recognized and classified, and that in their fully developed forms may really verify the pessimistic dictum—there is no treatment that cures.

How many diseases of the body politic could be cured in their incipency by a little, a very little common sense? How many destructive wars could have been checked at the outset if only the principals had had a little more mutual consideration? How many floods could have been prevented had there but been a boy along to stop the beginning crevasse in the levee with a chunk of sod? Even the case of tetanus or of rabies might have been jugulated by a prompt excision of the virulent microbic colony at the start, to say nothing of the ease with which most acute affections may be jugulated. Innumerable similar instances could be adduced showing the efficacy of well-placed intervention at the beginning of morbid processes.

It will be objected that this treatment of a symptom is unscientific in that it does not strike at the cause of the illness, but is aimed at a result, and a superficial one at that. This is another of those illogical jumpings at conclusions without warrant which we have so often cited. How do you know the treatment that removes a symptom does not remove its cause? Is it not *prima facie* evidence that it does so when the results disappear? Take any symptom-complex that presents itself, it evidently depends on some pathological aberration, but just what we are in the vast majority of cases, unable to say. But whatever it may be, it is a fair inference that the treatment that restores to health, or that causes the disappearance of that symptom, must remove the cause—otherwise, if the cause is still active, why does not the symptom remain? This, of course, does not apply to the smothering of pain by morphine or of fever by cold, although there are not wanting those who claim actual curative action from these measures, and we admit the possibility.

There is a certain degree of fetich worship in regard to this "cause" of disease. A dagger inserted in the heart causes a wound—removal of the dagger hardly cures it. A swarm of microorganisms descends on a toxic patch of tissue in the lungs—removal of the intruders does not necessarily leave the lung intact. There is failure to distinguish between the original cause of a malady and the results of that malady.

Each demands treatment; each responds in a different manner to therapy. How long we bungled over cases of cerebral syphilis before we appreciated this truth, and learned that we must intervene as quickly and as powerfully as possible in order to prevent damage to the delicate tissues which not all the mercury out of Spain could restore! Remove the causes of disease, to be sure; treat the cause whenever you find it still acting, but don't limit your therapeutic activity to that one method or argue that there is no room for any other indication.

It is the all but universal presence of vasomotor disequilibrium in the whole wide field of clinical medicine that compels such constant reference to the four great vasomotor remedies in the practice of our art—aconitin, veratrin, digitalin, and strychnine. These, singly or combined, form an essential part of the therapy of so many cases of so many maladies, that they, above all other remedies, are constantly mentioned in my work. That the casual indication is not neglected is shown by the interminable injunction to first clear the bowels and disinfect them, and to keep doing so, since observation has shown with what frequency the absorption of toxins from the alimentary canal coincides with the occurrence of disease in limited areas where the vital resistance is presumably lowest.

Whether autoinfection occasions disease directly from chemical action or, by still further lowering resistance, opens the door to invading microbes makes little difference—the indication for establishing intestinal exosmosis is similarly almost universal. The man who appreciates the importance of these two pathological principles, the fact of autotoxemia and the constant presence of vasomotor instability, has a broad foundation on which to build his practice. To this he can at every step add something—he never has to unlearn these two lessons. Making these the basis, never neglecting them in any case, we find that every patient displays indication^s

for something more, but never with a frequency comparable with that of these two.

We constantly find the necessity of referring back to the newer works on physiology, and we glean every scrap of pathological information we can find, for we cannot afford to be ignorant of a single fact that may explain our cases. So also we must possess hundreds of remedial agents, although nine-tenths of our work may be done with a score. But it is in the remaining tenth that we find the greatest pleasures of the practice of medicine, when by the exhibition of some definite active principle that has not been needed for years we meet an indication that has not presented in that period, but for which we have had the remedy waiting.

I beg my readers to pardon me for the importunity with which I beseech them to consider these truths. I cannot help it; I do so want them to know of these exquisitely differentiated remedies that I cannot help being urgent. And, knowing these things so well, how important they are for the profession and for suffering humanity, when I find that one does not really know there is a difference between hyoscine and atropine I am ready to lie down and die.

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PREMATURE BURIAL.

BY J. J. JOHNSON, M. D., BIGGERS, ARK.

(Read before the Randolph County Medical Society, February 21, 1907).

Mr. President and Gentlemen of the Randolph County Medical Society: Having had my attention repeatedly attracted by newspaper reports, the medical press, and otherwise, to the occasional burial of some persons who were supposed to be dead, but afterward proved to be alive, and this having impressed me with the idea that in some instances these reports may be true, is my excuse for writing this paper.

No doubt many of you gentlemen remember a case being reported in the newspapers during the summer of 1898, in which it appears an old soldier who was an inmate of one of our soldiers' homes, became ill and soon fell into a coma or trance. Believing him to be dead, he was prepared for burial and taken to the cemetery and there buried.

A comrade who was well acquainted with the habits of this soldier, and knowing him to be of a highly nervous temperament and to have fallen into a trance once before,

and was probably a sufferer from some neurotic disease functional in character, was seized with the belief that the soldier had been buried alive. Two days later when his conviction had become so great that it seemed he could bear it no longer without making an investigation, he had them disinter the soldier.

When the coffin was lifted out it was found that there was sweat on the glass covering the face. The lid was quickly removed and methods of resuscitation were at once practiced upon the inmate. Soon there were signs of life and the soldier was soon able to speak, and relate his experience as follows: He said he could hear them talk before he was buried, but was unable to speak or move. He soon regained his usual health and strength.

I have also been informed by a number of reliable persons, who are residents of this county, of a case that once happened in one of our neighboring towns. It was that of a lady who was supposed to be dead. She was prepared for burial, and a coffin was sent for, but before the coffin arrived signs of life were discovered. A runner was dispatched to inform them that the coffin was not needed. He met the party on the road, delivered the message and the coffin was returned. I am told that this lady is yet alive, enjoying her usual health, and still resides in this county.

Another case has lately been related to me by a respectable and prominent Norwegian gentleman, who now resides in a nearby town, of a case that once happened in Norway. He said that when he was about twelve years old, he attended the funeral of a man that had been dead for three days as they supposed. After they had lowered the coffin, and while they were conducting religious services, and when the preacher threw in a small shovel of dirt, as is customary in that country, and it struck the coffin, the inmate kicked the lid partly off. He was taken out and was able to ride home in a buggy.

I have also had the good fortune to have met and become acquainted with a respectable old gentleman, and a man that no one who is acquainted with him, doubts as to truth and veracity. I have known him for seven years and he tells me that he once fell into a deep sleep or trance during the latter part of July or the early part of August, and when he awoke the woods were brown and almost bare, the leaves having

fallen to the ground. He thinks it must have been the last of October or the first of November when he awoke. He had taken no food or drink while in this condition.

Another case which came under my own observation during the month of February, 1894, was that of a young lady who was butted in the stomach by a sheep, and at once fell into hysterical convulsions. I was called and found her having very hard convulsions about every hour, but they soon became less frequent and after each convulsion she would fall into a deep sleep, and her relatives would each time leave the room, and the friends would retire from the bedside thinking she was dead. She could only be aroused with great difficulty from the sleep that followed each convulsion. I treated her about ten days and dismissed her as cured.

Gentlemen, I call your attention to these cases to show you that animation may be suspended to such a degree that the body will not need any nourishment in the way of food, drink, or air. The body in this state gives off nothing, therefore, when there is no waste there is no need for repair, and one may live for an indefinite time.

Gentlemen, I think we need a law prohibiting the burial of any person until decomposition has set in, and let this be determined by a medical expert that may be appointed for each township or two townships, and when he is satisfied that decomposition has set in let him then issue a burial permit. Each medical expert should receive five dollars (\$5.00) in county scrip or some such fee for each burial permit he issues. It would be only a very small cost to each county per year. I believe a law of this kind would have a tendency to deter abortionists and others who would cause miscarriages. They would know that the bodies of such infants would have to be carefully examined by the medical expert before a burial permit could be obtained.

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REPORT OF THE COUNCIL ON PHARMACY AND CHEMISTRY.

We reprint herewith the third installment of the report of the Council on Pharmacy and Chemistry. Additional installments will appear from time to time.

SULPHO-LYTHIN.

Abstract from the report of the Council on Pharmacy and Chemistry of the American Medical Association (*Journal A. M. A.*, Dec. 8, 1906, page 1930):

The following report was submitted to the Council by the subcommittee which examined Sulpho-Lythin:

*To the Council on Pharmacy and Chemistry:—*The following report on Sulpho-Lythin is herewith submitted:

Sulpho-Lythin is sold by the Laine Chemical Company, New York. In the literature sent to physicians it is said: "This product, the sulphophosphite of sodium and lithium (non-effervescent) is entirely new and is unique in its action."

Chemical analysis of a specimen of Sulpho-Lythin purchased in the open market, indicated its composition to be:

Sodium sulphate, anhydrous.....	10.51
Disodium hydrogen phosphate, anhydrous.....	56.67
Sodium thiosulphate, anhydrous.....	20.78
Sodium chloride.....	5.98
Lithium, as citrate.....	3.12
Sulphur, free.....	0.16
Moisture.....	1.53
Loss.....	1.25

The examination, therefore, shows that Sulpho-Lythin is a mixture consisting mainly of sodium sulphate, sodium phosphate, and sodium thiosulphate. The statement that it is a "sulpho-phosphite or sodium and lithium," therefore is not correct, and a statement that "it is entirely new and is unique in its action" appears unwarranted and misleading. It is, therefore, recommended that the preparation be refused recognition. It is also recommended that an article be prepared for publication calling attention to the exaggerated claims made for Sulpho-Lythin.

The recommendations of the subcommittee were adopted by the Council, and in accordance therewith the report is published, with the following comments.

W. A. PUCKNER, *Secretary.*

According to the above analysis, this wonderful new remedy, "which surgeons of this city (New York) have used . . . after laparotomies . . . with excellent results" is simply a mixture of well-known salts obtainable in any drug store, and which any third-year student knows how to prescribe and even to compound.

Examination and analysis of various specimens of this product demonstrated that its composition is not always the same. Thus analysis of one specimen indicated only 5.12 per cent. of anhydrous sodium sulphate instead of more than 10 per cent. in the first specimen; also this specimen contained 10.45 per cent. of water instead of 1.53 per cent. Apparently, therefore, the manufac-

turers are not competent to prepare a product of constant composition. One chemist calls attention to the fact that different portions taken from the same bottle differed widely in composition. The following is taken from his report:

The analysis shows Sulpho-Lythin is not a definite chemical compound, but a mixture of sodium phosphate, sodium thiosulphate and some compound of lithium. That it is only a mixture is shown by the fact that in the examination for thiosulphate when the substance was examined without first being thoroughly mixed, results were obtained varying from approximately 27 per cent. in the first portions taken from a bottle, to 42 per cent. in the last portions of the same bottle.

WONDERFUL VIRTUES OF THE NEW COMPOUND.

According to one circular, this simple mixture of salts is a great remedy for:

WONDERFUL VIRTUES OF THE NEW COMPOUND.

Disorders of the Liver, Inflammation of the Gall Bladder and Bile Ducts, Acute Congestion of the Liver, Gall Stones, Intestinal Indigestion, Chronic Constipation, Rheumatic and Gouty Conditions, Diabetes, Nephritis, Acute or Chronic, Bright's Disease, Genito-Urinary Diseases, Miasmatic (Malarial) Fevers, Skin Eruptions, Corpulency or Obesity, Convalescence from Alcoholism and the Treatment of Drug Habits.

In another circular we read:

"It is not itself a cathartic or even a laxative, but catharsis results from its administration because of the bile that is poured out into the intestinal tract, and the sulphur liberated by its decomposition."

Wonderful chemistry that is able to remove the laxative quality from Glauber's salts!

"Sulpho-Lythin is absorbed and passes into the circulation, where it exerts an antifermentative and antitoxic action, restoring and preserving normal alkalinity of the blood and preventing or counteracting septic processes throughout the body. It is also a solvent for uric acid."

Thus the great puzzle of an internal antiseptic is solved and that which generations of pharmacologists have failed to find is discovered by an ingenious layman, who now imparts his discovery to the medical profession at so much per bottle. Does he suppose that intelligent physicians still entertain the notion that anything contains a grain or two of lithium to the dose will act internally as a uric acid solvent?

"Sulpho-Lythin acts also on the skin, stimulating the perspiratory glands and removing discolorations and eruptions on its surface."

Our amateur pharmacologist has probably applied his knowledge of amateur photography to therapeutics and uses "hypo" to remove eruptions as well as stains.

NOT ADVERTISED TO THE PUBLIC.

This nostrum is not advertised to the pub-

lic. Oh, no! It is put up solely for physicians' use (*sic*). But the physician is repeatedly advised in the advertisements to "order always an original (6-ounce) bottle to prevent substitution."

If any apology is necessary for devoting so much space to such an insignificant nostrum it is found in the fact that Sulpho-Lythin is supported by testimonials from physicians of influence and standing, and is advertised in medical journals supported in part by educated and thoughtful members of the medical profession. It is also a sample of hundreds of other so-called "ethical proprietaries" which are made or sold by men who have absolutely no knowledge of drugs or of medicine, but who presume to advise physicians how to treat their patients. If these preparations are to be used some control to ensure their constancy of composition and the good quality of their ingredients is essential, and it is evident that the Council on Pharmacy and Chemistry was created none too soon to fulfil this important mission.

URON AND THIALION.

Abstract from the report of the Council on Pharmacy and Chemistry of the American Medical Association (*Journal A. M. A.*, Nov. 3, 1906, p. 1500):

The following reports were submitted to the Council by the subcommittees which examined Uron (Uron Chemical Company) and Thialion (Vass Chemical Company):

To the Council on Pharmacy and Chemistry: The following report on Uron is herewith submitted. Uron is sold by the "Uron Chemical Co., Box A. St. Louis, Mo." In the literature distributed to physicians and in advertisements appearing in current medical journals $\text{LiC}_{13}\text{H}_7\text{N}_4\text{O}_2$ is given as the chemical formula of Uron.

According to analysis, this article is not a chemical compound, but is a mixture of lithium benzoate and hexamethylenamin in approximately the following proportions:

Lithium benzoate	58 per cent.
Hexamethylenamin	42 per cent.

It is recommended that Uron be refused recognition and that this report be published.

To the Council on Pharmacy and Chemistry: We beg leave to report on Thialion as follows: Thialion is sold by the Vass Chemical Co., Danbury, Conn. In the literature supplied to physicians and in the advertisements in medical journals Thialion is stated to be a "laxative salt of lithia" with the chemical formula " $3\text{Li}_2\text{O} \cdot \text{N}_2\text{O} \cdot \text{SO}_3 \cdot 7\text{H}_2\text{O}$." "Sodio-trilithic anhydrosulphate" is given as a synonym. An elaborate graphic or structural formula is also given.

According to analysis, this preparation is a mixture consisting chiefly of sodium sulphate and sodium citrate, with very small amounts of lithium, the average of several estimations indicating the following composition:

Sodium citrate	58.6
Sodium sulphate, anhydrous	26.6
Sodium chloride	3.3
Lithium citrate, anhydrous	1.8
Water	9.7

Thus, the advertising literature is a deliberate

misrepresentation of the facts. It is, therefore, recommended that the preparation be refused recognition, and that this report be published.

The recommendations of the subcommittees were adopted by the Council, and in accordance therewith the above reports are published.

W. A. PUCKNER, *Secretary*.

In publishing the above report the Council is presenting to the medical profession another object lesson, and one that illustrates how easily our profession is being humbugged. Many of the scientific chemical compounds and derivatives given us by the German chemists have been distinct advancements. It is not strange that imitators should appear, and Antikamnia, Ammonal, Phenalgin, Salacatin, and now Uron, Thialion are foisted on the profession. We are told, and many believe that these wonderful compounds, by the mysterious union of their ingredients, possess therapeutic properties different from, or more powerful for good than, the drugs from which they are made.

There is another factor worth noting connected with this subject: When to the claim that the mixture is a "chemical compound" is added a complex chemical formula, it prevents the impertinent question, "What is it?" For isn't the "formula" there, and is not the information given without the asking? Most of us have been so overcome by the display of the chemical knowledge of the nostrum maker that we have been afraid to expose our ignorance by asking for information or explanation. And thus the promoter avoids the perplexing questions, which, if answered truthfully, would spell bankruptcy.

The Uron Chemical Company informs us, concerning Uron, that it has the chemical formula of $\text{LiC}_{13}\text{H}_7\text{N}_4\text{O}_2$. Now this formula looks very dignified and scientific to those who are not up in chemistry. To the chemist, however, the formula signifies nothing. A few simple tests reveal the composition of the mixture, and it is surmised that the "formula" is the result of an attempt to combine the formulas of the two ingredients, i. e., $\text{LiC}_7\text{H}_5\text{O}_2$ and $\text{C}_6\text{H}_{12}\text{N}_4$, the addition being faulty.

In regard to Thialion, the formula furnished by the Vass Chemical Company is even worse. To a physician who possesses but little knowledge of chemistry it will seem impressive, and he may absorb the idea

that it stands for a preparation that is the result of exhaustive scientific research. To the chemist this formula will appear as a jumble of symbols and numbers that mean nothing.

While there is a ridiculous side to this business, there is also a serious one. Those who have been making money out of us undoubtedly laugh in their sleeves at our gullibility, but to us as members of a presumably learned and intelligent profession, it is not a laughing matter. The whole nostrum business is a shame and a disgrace.

VIN MARIANI.

According to a report of a committee of the Council on Pharmacy and Chemistry, published in the *Journal of the American Medical Association*, Nov. 24, 1906, "Vin Mariani" is a preparation of red wine, apparently imported from Bordeaux, and fortified, in this country, by an alcoholic preparation of coca leaves or other parts of the coca plant. An analysis of the imported wine showed its alcoholic strength to be 10 per cent. by volume, while that of the Vin Mariani as bought in open market was 16.15 per cent. The finished sample showed also 0.025 percent. of alkaloids (coca bases). It appears that the increased alcoholic strength of Vin Mariani over the Bordeaux wine from which it is made as shown by the analysis, doubtless comes from the alcoholic extract containing coca basis. Approximately 6 per cent. of sugar is also added to the wine. Judging from the analysis, therefore, Vin Mariani corresponds to a mixture of an alcoholic preparation of coca leaves and ordinary Bordeaux red wine, with the addition of about 6 per cent. of sugar.

This preparation is in conflict with rule 5 of the Council on account of misrepresentation in implying that the preparation made in this country is imported, and is guaranteed as pure and unadulterated by the United States government. It also conflicts with rule 6 by the exaggerated and misleading statements as to therapeutic value. The firm's letter-heads have printed on them the following:

"Vin Mariani purifies the blood stream, strengthens the circulation, stimulates muscular fiber and nerve tissue, is a respiratory stimulant, strengthens the heart muscles, and is an emergency food in the absence of all other nutriment. Successfully employed as an adjuvant in anemia, debility, diseases of the chest, nervous troubles, muscular or mental overstrain, neurasthenia and allied conditions, and in certain cases of protracted convalescence."

The committee believes that Vin Mariani is intended as a beverage rather than as a medicine. The report concludes:

"The committee recommends, therefore, that Vin Mariani be refused recognition and that this report be published in full or in part."

The facts are that Vin Mariani is made in this country, but the proprietors endeavor to create the impression that it is a French preparation. It is no longer advertised directly to the laity, but the same object is attained by the circulars around the original bottle prescribed by the physician. Testimonials from eminent foreigners accompany the medicines, while the testimonials of eminent Americans are used on the other side of the Atlantic. Is it possible that the testimonials are fakes? The circulars are calculated to lead the layman to conclude that the remedy is a cure-all.

Can we blame the layman for using Peruna, Wine of Cardui, etc., simply because they are advertised, when there are physicians who, for the same reason, prescribe concoctions that are just as quackish and just as useless. And can editors of medical journals consistently find fault with newspapers for carrying advertisements of fraudulent "patent medicines" when they themselves admit to their pages advertisements of nostrums that are no less fraudulent and of no more value?

EUCALOIDS.

Gelatine capsules, each containing 0.3 Cc. (5 minims) of pure oil of eucalyptus..

Dosage.—1 to 2 globules three or four times per day. Prepared by Edward G. Binz, Los Angeles, Cal.

EUCAMUL.

An emulsion of oil of eucalyptus in glycerin and honey, containing 0.13 Cc. (2 minims) of eucalyptus oil in 4 Cc. (1 fluidram),

Dosage.—2 to 4 Cc. ($\frac{1}{2}$ to 1 fluidram), as needed. Prepared by Edward G. Binz, Los Angeles, Cal.

EUGALLOL.

A solution consisting of two parts of mon-acetypyrogallol, $C_6H_3(OH)_2(CH_3COO)$, and one part of acetone.

Actions and Uses.—Eugallol acts as an energetic substitute for pyrogallol, but is liable to produce local irritation when applied

to the skin. Dosage.—It is applied pure by pencilling once a day, covering the painted part with powdered zinc oxide, suspending the application a few days if it is followed by irritation. Manufactured by Knoll & Co., Ludwigshafen a. Rh. and New York.

EUMYDRIN.

Eumydrin $C_6H_5(HO.CH_2)CH.CO_2.C_7H_{11}N(CH_3)2NO_3=C_{18}H_{27}O_6N_2$, the nitrate of methylated atropine.

Actions and Uses.—Eumydrin is a mydriatic and antihydrotic, replacing atropine sulphate both internally and externally in corresponding doses. It is claimed that it dilates the pupil more rapidly than atropine and the dilatation is of shorter duration—being intermediate in these respects between atropine and hematropine. It is said to be much less toxic than atropine, so that larger doses may be given to secure the effect. It is particularly recommended for the treatment of night sweats, whooping cough and the relief of enuresis. Dosage.—Internally as an antihydrotic, 0.001 to 0.0025 Gm. (1/60 to 1/24 grain). Externally as mydriatic, in solutions about one-tenth stronger than the usual atropine solutions. Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

EUPHORIN.

Euphorin. $CO(HN.C_6H_5(O.C_2H_5))=C_9H_{11}O_2N$, a compound closely allied to Ethylis Carbamas, U. S. P. (urethane) and differing from this by the replacement of the group NH_2 by NHC_6H_5 .

Actions and Uses.—Euphorin is anodyne, antipyretic and antiseptic. It is recommended in rheumatism, sciatica, headache, etc. Externally it is recommended to be applied as dusting powder in venereal and skin diseases, ulcers, burns, etc. Dosage.—0.5 to 1 Gm. (8 to 15 grains) dissolved in wine or suspended in water; externally in powder, in lanolin ointment and in superfatted soap. Manufactured by Fabrik von Heyden, Radebeul near Dresden.

EUPHTHALMIN.

Euphtalmin, $C_{17}H_{25}NO_3.HO$, a mandelic acid derivative of beta-eucaine.

Actions and Uses.—Euphtalmin produces prompt mydriasis free from anesthetic action, pain, corneal irritation, or rise in arterial tension. It has little or no effect on

accommodation, and this disappears more rapidly than with atropine, cocaine, hematropine, etc. In its effects on the general system, euphtalmin very closely resembles atropine. Dosage.—2 to 3 drops of a 5 to 10 per cent. solution, according to age of the patient and the nature of the case, are instilled into the eye. Manufactured by Chemische Fabrik auf Actien, vorm. E. Schering, Berlin (Schering & Glatz, New York).

EUQUININE.

Euquinine, $C_2H_5O.CO.O C_{20}H_{23}N_2=C_{23}H_{28}O_4N_2$, quinine ethyl carbonic acid ester.

Action and Uses.—Euquinine is said to have the same action as quinine, with the advantage of being tasteless, owing to its insolubility in water and alkaline media. Dosage.—The same as quinine. Manufactured by Vereinigte Chininfabriken, Zimmer & Co., Frankfort a. M. (Merck & Co., New York).

EURESOL.

Euresol, $C_6H_4(OH)(CH_2COO)=C_8H_8O_3$, an acetic acid ester of resorcinol (1.3-phen-diol).

Actions and Uses.—Its action is similar to that of resorcinol, but milder and more lasting because of the gradual liberation of the phenol. Dosage.—It is applied in 5 to 20 per cent. ointments and in acetone solution. Manufactured by Knoll & Co., Ludwigshafen a. Rh. and New York.

EURESOL SOAP.

A soft soap, supplied in tubes, containing euresol, eucalyptol and oil of turpentine. Prepared by Knoll & Co., Ludwigshafen and New York.

EUROPHEN.

Europfen, $C_6H_3(C_4H_9)(CH_3)(OI).C_6H_2(CH_3)(:O)(C_1H_3)=C_{22}H_{29}O_2I$, a condensation product of molecules of isobutylorthocresol, with 1 atom of iodine, analogous to Thymolis Iodum, U. S. P.

Actions and Uses.—It action is similar to that of iodoform and thymol iodide. It is claimed especially to be useful in the treatment of venereal ulcerations. Dosage.—Europfen may be given internally in the form of pills in doses of from 0.2 to 0.3 Gm. (3 to 5 grains). Locally it may be used as a dusting powder in substance or mixed with an equal quantity of finely powdered boric acid, as an ointment, with wool fat

(lanolin), or as a 5 per cent, embrocation, dissolved in olive oil. Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

FERRICHTHYOL.

A derivative of ichthyol in which about 2.5 per cent. of iron is contained.

Actions and Uses.—It is said to be alterative, antiseptic, hematinic and tonic. It is recommended in anemia, chlorosis, etc. Dosage.—1 to 2 Gm. (15 to 30 grains) in tablets. Manufactured by the Ichthyol Co., Hamburg (Merck & Co., New York).

FERRIPYRINE.

A name applied to a product identical with Ferropyrine, which see. Manufactured by Farbwerke, vorm. Meister, Lucius & Bruening, Höchst a. M. (Victor Koechl & Co., New York).

FERROPYRINE.

Ferropyrine, $(C_{11}H_{12}N_2O)_3.(FeCl_3)_2$, a compound of antipyrine and ferric chloride, containing about 36 per cent. of ferric chloride and 64 per cent. of antipyrine.

Actions and Uses.—It is hematinic, hemostatic astringent, analgesic and tonic. Its styptic action is pronounced and said not to be accompanied by irritant effects. According to Fraenkel, it combines with its hemostatic properties the injurious by-actions which limit the application of ferric chloride as a hemostatic. Dosage.—0.3 to 1 Gm. (5 to 15 grains) in powder, with sugar and peppermint, or in solution. Externally 1 to 15 per cent. solution as injection, to 20 per cent. solution or pure for hemorrhages. Manufactured by Knoll & Co., Ludwigshafen.

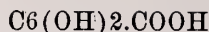
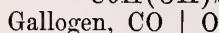
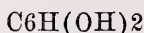
FORMALIN.

A name applied to Liquor Formaldehydi, U. S. P. Manufactured by Chemische Fabrik auf Actien, vorm. E. Schering, Berlin. (Schering & Glatz, New York).

FORMIN.

A name applied to Hexamethylenamina, U. S. P. Manufactured by E. Merck, Darmstadt, (Merck & Co., New York).

GALLOGEN.



hydrous ellagic acid prepared from Divi-divi, the pods of *Ca sal pina coriaria*, containing more than 50 per cent. of tannin.

Actions and Uses.—Gallogen is an astringent and antidiarrheic, slowly decomposed in the intestinal tract, thus exerting its astringent action gradually during its passage. It has been recommended in dysentery, cholera infantum, diarrhea, and is said to be useful even in those of a syphilitic or tuberculous origin. Dosage.—0.3 to 0.5 Gm. (5 to 8 grains) for children; 0.6 to 1 Gm. (10 to 15 grains) for adults, suspended in neutral or slightly acid media. Manufactured by Ad. Heinemann, Eberswalde (C. Bischoff & Co., New York).

GERMICIDAL SOAP.

A solid product containing 2 per cent, of mercuric iodide in combination with hard soap.

Actions and Uses.—It is claimed to be a disinfectant which does not coagulate albumin nor corrode steel or nickel. It is recommended for the disinfection of the hands and for washing out infected cavities. Dosage.—Applied externally, dissolved in water. A mild form is also prepared containing 1 per cent. of mercuric iodide; also a soft soap containing 1 per cent. of mercuric iodide. Prepared by Parke, Davis & Co., Detroit, Mich.

GLUTOL-SCHLEICH.

A chemical combination of gelatin and formaldehyde.

Action and Uses.—It is claimed that while in itself non-aseptic, non-irritant and non-toxic, it becomes antiseptic and bactericidal in contact with living cells, in consequence of the elimination of nascent formaldehyde, which is split off very slowly but steadily. Dosage.—It is employed undiluted as a dusting powder, etc. Manufactured by Chemische Fabrik auf Actien, vorm. E. Schering, Berlin (Schering & Glatz, New York).

GLYCERIN EMOLLIENT.

A mixture containing: Oil of gaultheria, 2 Gm. (30 grains). boric acid, 23 Gm. (3-4 ounce), corn starch, 88 Gm. (3 ounces), glycerin, 885 Gm. (28.5 ounces), tragacanth, 17 Gm. (263 grains).

Actions and Uses.—It is intended for use as a lubricant in gynecologic and surgical

practice. Dosage.—It is put up in collapsible tubes and is to be applied to the dry skin. After use it can be washed off in a stream of of water. Prepared by Parke, Davis & Co., Detroit, Mich.

GLYCEROPHOSPHATES.

The salts of glycerophosphoric acid. $H_2(CH_2OH.CHOH.CH_2)PO_4$; usually the two remaining hydrogen atoms of phosphoric acid are replaced by the base; $Na_2(CH_2OH.CHOH.CH_2)PO_4$.

Actions and Uses.—These salts were introduced as "nerve foods" and tonics on the theory that their phosphorus, being a step nearer lecithin, is assimilated more readily than that of hypophosphites. Neither the experimental nor the clinical evidence is considered conclusive by all authorities. Dosage.—The potassium and sodium salts may be given hyperdermically 0.2 to 0.25 Gm. (3 to 4 grains) in normal saline solution, or per os 0.25 to 0.65 Gm. (4 to 10 grains) in water or syrup. The calcium, iron, lithium, magnesium and manganese salts 0.2 to 0.65 Gm. (3 to 10 grains) doses, preferably in the form of tablets; the quinin salt in 0.1 to 0.33 Gm. (1 1/2 to 5 grains), and the strychnine salt in 0.001 to 0.003 Gm. (1/60 to 1/20 grain doses).

GUAIACOL-SALOL.

Guaiacol-salol, $C_6H_4.OH.CO.O(C_6H_4.OCH_3)=C_{14}H_{12}O_4$, the salicylic ester of guaiacol, analogous to salol.

Actions and Uses.—This compound acts like its constituents, being antiseptic and antirheumatic. It is recommended in phthisical diarrhea, dysentery, rheumatism, marasmus, chorea, etc. Dosage.—1 Gm. (15 grains). Manufactured by the Fabrik von Heyden, Radebeul near Dresden (Merck & Co., New York).

GUAIAMAR.

Guaiamar, $C_6H_4.OCH_3.O(CH_2OH.CHOH.CH_2)$, 1:2= $C_{10}H_{14}O_4$, the monoguaiacol ester of glycerin.

Actions and Uses.—The chief value of guaiamar arises from the liberation of guaiacol, partly in the stomach and partly in the intestinal canal, being split up by the gastric and intestinal contents with the assimilation of one molecule of water into guaiacol and glycerin. By this evolution of guaiacol it is believed to exert a useful anti-

septic action in the intestinal canal. Moreover, it is asserted that it is absorbed by the skin as readily as by the alimentary canal, and that it is without effect on the sound tissue, but becomes effective at the location of the diseased part. It is said not to interfere with the normal process of digestion, but, on the contrary, to be followed by decided tonic action. It is recommended as a substitute for guaiacol in all cases where the latter is indicated. In the form of ointment it has been recommended in acute articular rheumatism. Dosage.—0.3 to 1.3 Gm. (5 to 20 grains) in capsules or dissolved in warm water. Locally, in the form of 25 per cent. ointment with wool fat (lanolin), by itself, or combined with belladonna, zinc or mercurial ointment, etc. Manufactured by Mallinckrodt Chemical Works, St. Louis.

GUAJASANOL.

Guajasanol, $C_6H_4(OCH_3)(CH_2N(C_2H_5)_2.CO.OH).Cl=C_{13}H_{19}NO_3HCl$, the hydrochloride of diethylglycocolguaiacol.

Actions and Uses.—It is antiseptic and anesthetic. It is readily absorbed and splits off guaiacol in the organism with marked facility. Its antiseptic power is said to be about a equivalent to that of boric acid. Guajasanol has been recommended for the treatment of tuberculosis, both internally and subcutaneously. It is also recommended as a deodorant and is said to have given good service in putrid cystitis. Dosage. 1 to 3 Gm. (15 to 45 grains) in wafers; subcutaneously, 3 to 4 Gm. (45 to 60 grains) in 20 per cent. aqueous solution; locally it may be used in from 0.1 to 2 per cent. solutions. Manufactured by Farbwerke, vorm. Meister, Lucius & Bruening, Höchst a. M. (Victor Kochl & Co., New York).

HEDONAL.

Hedonal, $CH_3.CH_2.CH_2.CH(CH_3)O.CO.NH_2=C_6H_{13}O_2N$, a urethane differing from ethyl carbamate, U. S. P., in that the ethyl radicle has been replaced by the radicle of methylpropylcarbinol (pentan-2-ol). $CH_3.CH_2.CH_2.CHOH.CH_3$.

Actions and Uses.—Hedonal appears to have a greater hypnotic effect than ethyl carbamate. It is said to be followed by no after effects and is oxidized in the body to urea and carbon dioxide. It is recommended in insomnia due to mental overwork or nervous excitement occurring in the course of neuras-

thenia or hysteria. It is claimed to be particularly useful preliminary to anesthesia, a hypnotic dose being given and anesthesia effected with chloroform after the patient has been asleep for an hour. Dosage.—1 to 2 Gm. (15 to 30 grains), administered dry, followed by a swallow of water, or in wafers or capsules. Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

HELMITOL.

A name applied to Hexamethylenamine Methylencitrate (which see). Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

HEMICRANIN.

A mixture of 5 parts of acetphenetidin (phenacetin), 1 part caffeine and 1 part citric or tartaric acid.

Dosage.—0.5 to 1.0 Gm. (8 to 15 grains). Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

HEMOGALLOL.

An organic iron compound produced from blood by reduction of its hemoglobin by means of pyrogallol.

Actions and Uses.—It is hematinic. Hemogallol is recommended in anemia, chlorosis, chronic nephritis, diabetes and in convalescence. Dosage.—0.25 to 0.5 Gm. (4 to 8 grains), one-half hour before meals in powder with sugar or in tablets. Manufactured by E. Merck, Darmstadt (Merck & Co., New York).

HEMOQUININE.

Each 30 Cc. (one fluid ounce) is said to contain 2.16 Gm. (34 grains) of so-called peptonate of iron (made by adding ammonio-citrate of iron to freshly prepared peptone of egg albumin) and 0.54 Gm. (8½ grains) of so-called peptonate of manganese together with 0.3 Gm. (5 grains) of quinine peptonate (equivalent to 0.15 Gm. (2.3 grains) of quinine sulphate), and 0.08 Gm. (1/9 grain) of sodium arsenate in a menstruum containing 20 per cent, of alcohol with glycerin and aromatics.

Dosage.—8 Cc. (2 fluidrams) three times a day. Prepared by Schieffelin & Co., New York.

HEROIN.

Heroin, $C_{17}H_{17}(C_2H_3O_2)_2NO=C_{21}H_{23}O_5N$, a synthetic alkaloid obtained by the acetylation of morphine.

Action, Usage and Dosage.—See heroin hydrochloride. Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

HEROIN HYDROCHLORIDE.

Actions and Uses.—When given in small doses heroin hydrochloride has apparently no effect on any of the vital functions except respiration, which it renders slower, the volume of the individual respirations being increased, but usually not sufficiently to compensate the slowing, the result being a diminution in the total amount of air respired. In large doses it may produce dizziness, nausea and occasionally constipation, and, in poisonous amounts, twitching of the extremities, great exhaustion, and dimness of vision may be added. The temperature becomes subnormal and the pulse rapid and thready. The habit is readily formed and leads to the most deplorable results. It is readily absorbed from all mucous membranes. It lessens irritability of the respiratory center, thus allaying cough, but does not depress the respiration as much as morphine. On withdrawing the drug from habits there is said to be a tendency to respiratory failure which may be dangerous. Heroin and its hydrochloride are recommended chiefly for the treatment of diseases of the air passages attended with a cough, difficult breathing and spasm, such as the different forms of bronchitis, pneumonia, consumption, asthma, whooping cough, laryngitis and certain forms of hay fever. It has also been recommended as an analgesic, in the place of morphine in various painful affections. Toxic symptoms should be treated by the administration of caffeine hypodermically and of hot coffee by the stomach. To avoid respiratory failure in the treatment of heroin addiction, it has been suggested to substitute morphine for the heroin and then treat the patient for morphine addiction. Dosage.—0.0025 to 0.005 Gm. (1/24 to 1/12 grain) to adults 3 to 4 times a day, the maximum dose being 0.01 Gm. (1/6 grain). To children it may be given in doses varying from 0.0002 to 0.001 Gm. (1/300 to 1/60 grain), according to the age.

Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

HEROMAL.

Each 8 Cc. (2 fluidrams) is said to contain: Heroin 0.0013 Gm. (1-48 grain), sodium hypophosphite 0.03 Gm. ($\frac{1}{4}$ grain) in a menstruum of malt extract with 6 per cent. of alcohol.

Dosage.—8 Cc. (2 fluidrams) every three or four hours. Prepared by Schieffelin & Co., New York.

HEROTERPINE.

Each 8 Cc. (2 fluidrams) is said to contain: Terpin hydrate 0.13 Gm. (2 grains), heroin 0.0026 Gm. (1-24 grain), in a menstruum containing 32 per cent. of alcohol with glycerin and aromatic essential oils.

Dosage.—4 to 12 Cc. (1 to 3 fluidrams). Prepared by Schieffelin & Co., New York.

HETOL.

A name applied to sodium cinnamate (which see) prepared synthetically. Manufactured by Kalle & Co., Biebrich a. Rh. (Merck & Co., New York).

HEXAMETHYLENAMINE METHYLENCITRATE.

1. This is the chemical name for a preparation on the market under the names of helmitol and urotropin, new (which see).

This substance, $C_6H_8O_7(CH_2)_6N_4=C_{12}H_{20}O_7N_4$, is a compound of hexamethylenamine with anhydromethylencitric acid.

Actions and Uses.—It is a urinary antiseptic and germicide claimed to be more prompt and energetic in its action than hexamethylenamine, acting equally well whether the urine be alkaline or acid in reaction, rapidly clearing it up and allaying pain. Dosage.—0.6 to 1 Gm. (10 to 15 grains).

HOLOCAINE HYDROCHLORIDE.

Holocaine, hydrochloride, $CH_3.C(:N.C_6H_4.O_2C_2H_5)(.NH.C_6H_4.O_2C_2H_5).HCl=C_{18}H_{22}N_2O_2.HCl$, the hydrochloride of a basic condensation product of parphenetidin and acetparphenetidin (phenacetin).

Actions and Uses. It is a local anesthetic like cocaine, but having the advantage of quicker effect and an antiseptic action. Five minims of a 1 per cent. solution when instilled into the eye are usually sufficient to cause anesthesia in from 1 to 10 minutes.

It is more toxic than cocaine and without effect on the pupil or blood vessels. It is not so useful as cocaine when the vasoconstrictor effect of the latter is desired. It is said not to cause the scaliness of the cornea which sometimes results after the use of the older remedy. Dosage.—It is applied in a 1 per cent. aqueous solution. Manufactured by Farbwerke, vorm. Meister, Lucius & Bruening, Hoechst a. M. (Victor Koechl & Co., New York).

HYPNAL.

Hypnal $C_{11}H_{12}N_2O.CC_{13}CH(OH)_2=C_{13}H_{15}N_2O_3Cl_3$, antipyrine combined with one molecule of hydrated chloral.

Actions and Uses.—Hypnal is an analgesic and hypnotic resembling chloral in its action, but said to be less liable to produce injurious effects on the vaso-motor center or the heart. It may be used where chloral is indicated, as in mild forms of mental excitement, incipient delirium tremens, and in insomnia caused by pain. Dosage.—1 to 2 Gm. (15 to 30 grains); although supposed to be less toxic than chloral, larger doses up to 3 Gm. (45 grains) should be used with caution. Manufactured by Farbwerke, vorm. Meister, Lucius & Bruening, Hoechst a. M. (Victor Koechl & Co., New York).

ICHTHALBIN.

A compound of ichthyolsulphonic acid and albumin analogous to tannalbumin.

Actions and Uses.—Its action and uses are the same as those of ichthyol, with the asserted advantage of freedom from such side effects as nausea, eructations, etc. Dosage.—For infants, 0.13 to 0.3 Gm. (2 to 5 grains), in gruel; older children, 0.6 to 1 Gm. (10 to 15 grains), mixed with scraped chocolate; adults, 1 to 1.3 Gm. (15 to 20 grains), in chocolate tablets. Manufactured by Knoll & Co., Ludwigshafen, a Rh. and New York.

ICHTHAMMON.

The ammonium compound of a sulpho-acid obtained from a bituminous mineral by distillation with sulphuric acid and neutralization with ammonia.

Actions and Uses.—It has the physical properties of ichthyol, a high sulphur content and, therefore, is claimed to have the pharmacologic and therapeutic properties of ammonium ichthyol sulphonate (see ichthyol). Manufactured by F. Reichelt, Breslau.

ICHTHARGAN.

A compound of ichthyol and silver, claimed to contain 30 per cent. of metallic silver and 15 per cent. of sulphur in organic combination.

Actions and Uses. It is said to be a bactericide, astringent and antiphlogistic. It is reported to combine the bactericidal action of the silver salt with the penetrating and antiphlogistic action of ichthyol. It is recommended in gonorrhea in all its forms as a succedaneum for organic salts of silver. It is claimed to be the strongest in silver content of all the various organic compounds of silver introduced in late years. **Dosage.**—0.04 to 0.2 per cent. solution in gonorrhea; 3 per cent. solution in posterior urethritis; $\frac{1}{2}$ to 3 per cent. solution in trachoma. Manufactured by the Ichthyol Co., Hamburg (Merck & Co., New York).

ICHTHERMOL.

A compound of ichthyolsulphonic acid and mercury, containing 24 per cent. of metallic mercury. Manufactured by the Ichthyol Co., Hamburg (Merck & Co., New York).

ICHTHOFORM.

A compound of ichthyol and formaldehyde.

Actions and Uses.—Ichthoform is said to be antiseptic and antiphlogistic. It is reported to be efficacious in arresting intestinal decomposition and inflammation, whilst non-toxic. **Dosage.**—Internally, 0.6 to 2 Gm. (10 to 30 grains), in powders taken plain, or suspended in gruel or cacao, or as a "shake" mixture; externally as pure powder, as 30 to 50 per cent. triturations, or as 10 to 25 per cent. ointments. Manufactured by the Ichthyol Co., Hamburg (Merck & Co., New York).

ICHTHYOL.

Ichthyol consists largely of the ammonium salts of sulphonic acids derived from the tar of a bituminous shale which is found in the Tyrol and which contains the remains of many fossil fishes. The exact composition and nature of ichthyol is still doubtful.

Actions and Uses.—Ichthyol penetrates the unbroken skin, and, it is claimed, acts as a vasoconstrictor on mucous surfaces. It has an antiseptic action and is believed to act as an alterative in consequence of the sulphur

which it contains. It is recommended internally in phthisis, skin diseases, gout, scrofula, nephritis, etc. Externally it has been applied in erysipelas, burns, chilblains, carbuncles, rheumatism, ivy poisoning, etc., also in uterine and vaginal inflammation, gonorrhea, etc. **Dosage.**—Internally, 0.2 to 2 Cc. (3 to 30 minims) mostly in simple solution in water. Externally, in vaginal, uterine or rectal suppositories, in 0.06 to 0.12 Cc. (1 to 3 minims) bougies, or 1 to 3 per cent. solution for gonorrheal treatment. Manufactured by the Ichthyol Co., Hamburg (Merck & Co., New York).

ICHTHYOLUM AUSTRIACUM.

A product obtained by the sulphonation of a mineral oil having a large sulphur content, neutralization with ammonia, and deodorization and purification by dialysis.

Actions and Uses.—These are claimed to be identical with those attributed to ichthyol. Manufactured by G. Hell & Co., Tropau.

IODIPIN.

Iodipin is an iodine addition product of sesame oil containing 10 per cent. iodine, in organic combination.

Actions and uses.—Iodipin acts in the system similar to the iodides, being broken up in a manner analogous to that described under bromipin, which see. Its action is more lasting and with less tendency to iodism. Manufactured by E. Merck, Darmstadt. (E. Merck & Co., New York.)

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INTRAVENOUS INJECTION OF SALT SOLUTION IN A CASE OF POISONING BY MALE FERN.

Konoplev (Vratchnebnaya Gazeta, 1906, No. 18, through Revue de therapeutique, August 15, 1906) reports a case of poisoning by an overdose of extract of filix-mas. The symptoms were principally nervous; there was delirium with excitement alternating with periods of unconsciousness. The reporter had recourse to a massive dose of normal salt solution (400 grammes). As he had with him a syringe of only 10 c. c. m. capacity, he made the injection slowly and with many interruptions. He was able to observe, however, that after each injection the amelioration became more marked. Following the injection of the entire quantity named, the patient was nearly well, and soon afterward entirely recovered.



BOOK REVIEWS



A TEXT-BOOK OF THE PRACTICE OF MEDICINE. For Students and Practitioners. By HOBART AMORY HARE, M.D., B.Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital; Laureate of the Royal Academy of Medicine in Belgium and of the Medical Society of London. Author of *A Text-Book of Practical Therapeutics*; *A Text-Book of Practical Diagnosis*, etc. In one very handsome octavo volume of 1120 pages, with 131 engravings and 11 full-page plates in colors and monochrome. Second edition, revised and enlarged. Cloth, \$5.00, *net*; leather, \$6.00, *net*; half morocco, \$6.50 *net*. Lea Brothers & Co., Philadelphia and New York, 1907.

In this admirable treatise, the author starts off on typhoid fever in the initial chapter; the subject is well treated, especially by plates showing ulcers of Peyer's patches, which are exceptionally fine. Eruptive fevers are treated of first in a masterly way.

Dr. Hare is one of the leading men of the United States, and his long connection with medical teaching, active hospital and private practice, is sufficient guarantee of the value of the work. Thorough consideration is given to the theory and underlying principles of medicine explaining and leading up to the practical application of medical skill and knowledge. The author's well-known faculty of clearness of style is here exhibited at its best. This is the second edition, bearing complete revision and enlargement. We cheerfully recommend it to the zealous student as well as to the practitioner.

MEDICAL DIAGNOSIS, A MANUAL OF, FOR STUDENTS AND PRACTITIONERS, by Charles Lyman Greene, A.M.M.D. Professor of Theory and Practice of Medicine in the University of Minnesota; Attending Physician, St. Luke's Hospital and City Hospital, St. Paul, and St. Paul Free Dispensary; Member of the Association of American Physicians; A.M.A. American Association for Advancement of Science, etc., with 7 colored plates and 230 illustrations; morocco bound; gilt edges. Philadelphia, P. Blakiston's Son & Co., 1907. Price, \$3.50.

This work is undoubtedly one of great value to the student and practitioner. It is impossible for one to practice medicine successfully without being a good diagnostician. Dr. Greene's work will aid greatly in diagnosing conditions in obscure cases, and will do so in a short, concise yet clear and comprehensive way. The work contains 680 pages and is a splendid contribution to the medical literature on this subject. The author says that this volume embodies his conception of the type of books most generally useful to the overtaxed student and general practitioner, and has tried to make it concise, practical and thoroughly modern; a handbook convenient in size and form. This is every word true; the book is recommended.

DISEASES OF THE NOSE, THROAT, AND EAR, by Charles Prevost Grayson, A. M. M. D., Clinical Professor of Laryngology in the Medical Department University of Pennsylvania; Physician in Charge of the Treatment of Diseases of the Nose and Throat in the Hospital University of Pennsylvania; Laryngologist and Otologist to the Philadelphia Hospital. Second Edition; revised and enlarged. 152 engravings and 15 plates, in colors and monochrome. Philadelphia, Lea Bros. & Co., 1906.

This work is one of the most valuable contributions we have seen for the use of the practitioner and specialist who proposes to do nose, throat and ear work in an up-to-date manner. The volume contains 530 pages of well written matter.

The author's well-known ability as a teacher has peculiarly fitted him for the preparation of such work. The subject matter is treated of at length; the plates are good; the printing and binding in keeping with the general qualities throughout. There is nothing of importance that would aid the practitioner in the management of these different diseases, but what he has treated in a masterful way. His contribution on sinous work is particularly valuable. The book is cheerfully recommended.

We have also received new illustrated catalogue for 1907, issued by D. Appleton & Co., New York. A copy may be had free of charge by addressing the publishers, 436 Fifth Avenue, New York.

A PRACTICAL TREATISE ON MATERIA MEDICA AND THERAPEUTICS, *with especial Reference to the Clinical Application of Drugs.* By JOHN V. SHOEMAKER, M.D., LL.D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital; Member of the American Medical Association and the British Medical Association; Fellow of the Medical Society of London, etc. Sixth Edition. Thoroughly Revised. (In Conformity with Latest Revised U. S. Pharmacopœia, 1905.) Royal Octavo, 1244 Pages. Extra Cloth. Price, \$5.00 net. Full Sheep. Price, \$6.00 net. F. A. DAVIS COMPANY, PUBLISHERS, 1914 Cherry Street, Philadelphia, Pa.

Dr. Shoemaker has never disappointed the medical profession with a book. His long experience as a teacher has well qualified him for writing a work on materia medica and therapeutics. His work is peculiarly adapted to the wants of the general practitioner; the man who is busy and does not desire to wade through an ocean of matter to get a clear, comprehensive, concise point. Dr. Shoemaker's work is abreast of the times. There is no doubt but that this volume will meet with a hearty reception. A perusal of it is a pleasure, and we cheerfully recommend it.

THORNTON'S POCKET MEDICAL FORMULARY. New (8th) edition, revised to accord with the new U. S. Pharmacopœia. Containing about 2,000 prescriptions with indications for their use. In one leather bound volume. Price, \$1.50 net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1907.

This pocket formulary is particularly important to the general practitioner from the fact that it is filled with useful prescriptions, embodying the latest and most efficacious remedies of approved value in the treatment of diseases for which they are recommended. The fact that seven editions have been exhausted and a demand for the eighth speaks well for the reception accorded this work by the profession in general. It is full of everything useful and has as few obsolete remedies as any formulary that we have ever seen. The names of the diseases are arranged alphabetically and under each is shown the most approved formulae for the simple cases as well as for the various stages

and complications with quantities both in the ordinary and metric systems. One peculiar feature is that the indications and annotations for a choice between the various formulae according to the conditions to be met.

DISEASES OF THE LUNGS, designed to be a practical presentation of the subject for the use of students and practitioners of medicine, by Robert H. Babcock, A.M.M.D. Professor of Clinical Medicine and Diseases of the Chest. College of Physicians and Surgeons; Medical Department Illinois State University, Chicago. Attending Physician, Cook County Hospital; Cook County Hospital for Consumption; Consulting Physician Mary Thompson Hospital, and Hospital St. Anthony de Padua; Marion Sims Sanitarium; Former President of the American Climatological Association; Member A.M.A., etc.

This work treats of the diseases of the lungs in a masterful manner. The subject matter is treated of at length; no symptom that would aid in diagnosis being left unmentioned; no treatment that is useful but what is given. In fact, the work is complete in every detail. The author has undoubtedly contributed much to the medical literature of today on the diseases of the lungs. To the general practitioner this work is of undoubted value. The printing is well done, and the plates are good; the work is cheerfully recommended. It has three colored plates and 139 illustrations.

TRANSACTIONS OF THE JOINT SESSION OKLAHOMA STATE MEDICAL ASSOCIATION, with the Indian Territory Medical Association, held in Oklahoma City, May 7, 8, and 9, 1906. Cloth-bound volume containing 264 pages; neatly gotten up; the scientific articles being printed with discussions on same.

The roster of members is in the back part of the book. The Secretary and Treasurer, Dr. E. O. Barker, has done his work well.

THE ALL AROUND SPECIALIST.—A treatise giving the technic of the Specialists in the most important branches of Medicine, by J. R. McOscar. Illustrated; third edition; revised and enlarged. J. B. Lippincott, Philadelphia.

This book is a peculiar contribution to the medical literature, yet it supplies a want which has been created by the division of the medical profession into specialty work.

There are numerous prescriptions given of known repute. All formulae as used by the specialists in the management of the various diseases are treated of at length. In addition to this the nostrum fraud comes in for a slap. Taking it upon the whole we recommend that this book be purchased and read by the busy practitioners as there is no doubt but what any one who reads this work will learn many things that have seemed somewhat mysterious; yet made plain in the All Around Specialist, which we regard as a useful contribution.

PRACTICAL MEDICINE SERIES, comprising ten volumes on the year's progress in medicine and surgery. Volume No. 9 has been received; which treats of anatomy, physiology, pathology and bacteriology. This series is intended primarily for the general practitioner; but at the same time the arrangement is in several volumes; which enables those who are interested in special subjects to buy only the parts they desire.

The authors are men of known ability;

the plates are splendid productions; the subject matter is treated in a concise, short form; yet at the same time sufficiently long to enable one to get the gist of the matter clearly and easily. The price of one volume is \$1.25; entire set of ten volumes \$10. The Year Book Publishers, 40 Dearborn St., Chicago.

AN EPITOME OF DISEASES OF THE NOSE AND THROAT. By J. B. FERGUSON, M. D., of the New York Post-Graduate Medical School and Hospital. 12mo, 243 pages, with 114 engravings. Cloth, \$1.00, *net*. Lea Brothers & Co., Publishers, Philadelphia and New York, 1907. (*Lea's Series of Medical Epitomes*. Edited by Victor C. Pedersen, M. D., New York.)

This volume is one of the series of "The Medical Epitome Series" published by this firm, in which it is intended to cover the whole range of medicine, surgery and the specialties. We recommend it to any one in need of a work of this character.



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THE JOURNAL

OF THE

Arkansas Medical Society

VOL. III

LITTLE ROCK, ARKANSAS, APRIL 15, 1907

No. 14

Papers Read and Discussions on Same

Before the Arkansas Medical Society, Hot Springs, May 8-10, 1906.

INJURIES OF THE EYEBALL, WITH REPORT OF CASES.

(By Dr. J. W. Price of Memphis).

Injuries of the eyeball possess a certain peculiarity due to the presence within its very limited confines of numerous distinctive tissues, each possessing its own particular individuality and all exquisitely sensitive. No class, age, sex or occupation is exempt from these injuries and any physician is likely to be called at any time to decide the serious questions involved in the proper conduct of such a case, and as mechanical appliances are multiplied and and iron and steel supplant other structural materials eye injuries increase. These injuries may result from any conceivable kind of missile and be of every gradation of gravity; while none are so trivial but that they should receive our closest care, yet few are so serious as to result disastrously. Although life is seldom endangered through the meningeal and other direct complications of the infective process that may supervene, we should bear in mind the fact that the loss of an eye by the oculist is analogous to the loss of the patient by the surgeon.

The principal points we endeavor to determine in the examination of an eye wound are (1) the location and extent of the wound; (2) have the tunics of the globe been penetrated? (3) is there a foreign body within the globe? (4) what structures, if any, are prolapsed in the wound, and has there been loss of vitreous? (5) the extent of the disorganization of the structures within the eyeball—amount of hemorrhage, dislocation or injury of the lens or rupture of the iris; and (6) the presence of infection.

The determination of this latter point, the infectiousness of the wound, requires a careful watching of the wound for from twenty-four to forty-eight hours, although we may draw some inferences from the nature of the injuring body, hot pieces of metal and shot from a gun being considered sterile. Infection may be exceedingly mild in its character and merely augment the traumatic inflammation, or it may be sufficiently virulent to speedily ruin the eye; but if no infection supervene, the damage done by the trauma will be the only injury sustained.

The dangers of infection may be considerably minimized, when the case is seen early, by a proper exercise of the principles governing surgical cleanliness and by an insistence on the absolute rest of the eye and the entire body.

The gravity of the prognosis of eye wounds varies so much with the region involved, that experience leads us to make this one of our first inquiries. So sensitive, indeed, is the narrow ring of sclera lying just behind the periphery of the cornea that this ring, about one-fourth inch wide, extending backward from the corneo-scleral junction, has been very aptly designated the danger zone, and derives its importance from the attachments underneath the ciliary body, iris and lens. The prognosis of injuries in this region require to be extremely guarded, as they are peculiarly prone to excite a plastic inflammation that may be destructive to the eye and dangerous to its fellow. Slight contusions here may be productive of serious lesions, and cataract, detachment of the retina, etc., not infrequently result from insignificant traumatism.

When we have a penetrating wound to deal with, the necessity is urgent to determine if there be a foreign body within the eye, and if so, it can usually be seen either directly or with the ophthalmoscope unless obscured by hemorrhage, exudates, or opacities in the lens. The history of the case and the nature of the injuring body will also aid materially in determining this point, and if these fail the X-ray will give positive evidence, even though the body be of glass. A foreign body in the eye usually entails destruction of the eye and the prognosis remains bad until it is removed, and in all recent wounds the foreign body should be extracted as early as possible, for its presence retards the normal tendency to recover from infection, and endangers the sight of the other eye. Small shot may remain embedded in the eye for several years without appreciable disturbance, as one of the cases I will report will show, and I believe we are justified in pursuing an expectant course in treatment of those cases seen several days after an injury where the inflammatory reaction is subsiding and offers a reasonable hope that aseptic encapsulation is taking place.

In all serious eye injuries the patient should be warned of the imminent danger that threat-

ens through the supervention at any time, even years later, of sympathetic disturbance in the other eye, and be instructed that should this dread complication occur that immediate enucleation of the offending eye is the only course offering relief. Sympathetic ophthalmia is not, comparatively speaking, a frequent occurrence, but its effects are so disastrous when it does occur that it seems doubtful if it is good surgery to permit even the possibility of so grave a complication merely for cosmetic effect, and when the vision in an eye is lost it should be enucleated in order that its fellow may be protected from the possibility of injury from it. The arrest of orbital development noticed in young patients after enucleation is unfortunate, but when we consider that the useless eye is a constant menace to the only remaining good one and that sympathetic disturbances are most prone to manifest themselves in the earlier years of life, we should permit no consideration to stand in the way.

An incised wound will, of course, heal more kindly than a lacerated wound or one in which there has been extensive contusion of tissue. After cleansing the parts as thoroughly as possible all tissues protruding through an eye wound that cannot be replaced should be clipped off as close to the lips of the wound as possible and an attempt made to replace the stump, as no uveal tissue should be permitted to remain caught in the scar. Rents in the fibrous coats should be closed by small sutures through the conjunctiva and episcleral tissue drawn sufficiently tight to approximate the lips of the scleral wound. A clean-cut wound of the cornea, even though it extend entirely through it, will usually heal within a couple of days if there be no prolapsed tissue in it, and the aqueous lost will quickly reform. Several cases have come under my observation with a small corneal scar over the pupil from injuries received in early childhood that had cost the sight of that eye, and as the globe seemed perfectly sound I believe these eyes were blind from disuse on account of the opacity over the pupil and the distortion of the corneal curvature interfering with the entrance of light and giving a blurred image that was inhibited by the visual center. Surgical cleanliness would probably have prevented such unfavorable results in many of these cases. Simple wounds of the sclera behind the ciliary body also offer a favorable prognosis, the principal danger being that of infection and the fact that choroidal hemorrhage may disorganize the vitreous.

As long as there is a reasonable hope of preserving useful vision in an eye we should exercise a wise conservatism in its management, and those cases that do not demand enucleation should heal kindly under proper surgical care without infection.

All sources of ciliary irritation should be speedily removed in order to lessen the stimulus to the production of plastic exudate, and instillations of atropia should be used in every case of the eye injury to put the iris at rest, acting as a splint, and thereby reducing the congestion of the uveal tract and decreasing

the inflammatory reaction. The patient should usually be kept in bed, on a light diet, the light subdued and such laxatives administered as are needed for the proper regulation of the intestinal functions. In penetrating wounds where an aseptic bandage is required, and the uninjured eye should also be bandaged, it is desired to heal the wound by primary intention to close it against infection. Absolute rest favors this process and it is not deemed advisable to disturb the dressings in order to make applications of cold, which is the best local application we have to limit reaction.

The few cases I will report that have come under my observation are merely mentioned as illustrative of some of the points I have endeavored to make:

Case I.—C. W., age 55, was struck in the eye by a small twig while trimming a bush. The injury was so slight that he paid no particular attention to it at the time, but a few days later he discovered that he was blind in that eye, and examination revealed the presence of a complete cataract. The trauma in this case was so slight that I presumed that the cataract had developed so insidiously that it had escaped notice, but I found that this patient had been refracted only a short time previously and had good vision in that eye, proving the cataract to be traumatic.

Case II.—D. McA., negro, age 20, received an injury to the right eye, at about age of 3, which destroyed the vision of that eye entirely, although the eye had been quiet and has not troubled him since. About two months before he came to me he received a slap from a hand on his good eye, which set up an irido-cyclitis with softening and shrinking of the globe and detachment of the retina, producing total blindness. The right eye looked to be entirely innocent, but the inflammation of the good eye was unquestionably sympathetic and needed only the slightest disturbance to light it up.

Case III.—P. M., age 35, sustained a penetrating injury of the sclera behind the ciliary body from a large flying nail. No foreign body remained in the eye, and after thorough cleansing and clipping off the protruding tissue, only a slight amount of vitreous being lost, the scleral wound was closed by stitches in the conjunctiva. The choroid was extensively ruptured and the lens much swollen, but as I saw the patient immediately after the injury, and as no infection appeared to complicate the case the traumatic inflammation subsided rapidly and the eye retained useful vision.

Case IV.—C. B., age 19, while out with a party shooting birds received an injury to his right eye, presumably from a stray shot, which resulted in total blindness of that eye. This patient, who resided in Mississippi, was brought at once to Memphis for treatment. The eye healed rapidly and he soon went home. There was a small perforating wound in the upper outer quadrant of the cornea which closed in a day or two. The eye presented a perfectly normal appearance and remained quiet for eleven years, when a shell

of the lens migrated into the anterior chamber and, by pulling upon the fibres of the iris, excited a traumatic inflammation that required the removal of the globe. Examination of this eye revealed the presence of a small lead shot embedded in a mass of disorganized retinal tissue in the fundus, and the choroid had undergone complete ossification, the plate of bone being about the size of a silver dime. The lens had been detached and was all absorbed except a circular, cupped disc, which was entirely calcified, that was floating free within the globe and lay in front of the iris. The vitreous had become completely liquefied. The aseptic condition of this shot permitted it to become encapsulated with but slight inflammatory disturbance, and as it was of small size and chemically inert it probably would never have occasioned any disturbance had not the shell of the calcified lens become impaled in the anterior chamber.

Case V.—T. M. B., age 30. This case is merely mentioned as illustrative of the conservatism of nature in dealing with some eye lesions. The patient had years ago suffered a severe suppurative inflammation of the entire right eye, with rupture of the cornea and loss of the entire contents. The inflammation finally subsided, leaving him a stump which an artificial shell eye fitted snugly, and as the eye movements were retained, the cosmetic effect was perfect. These eyes that have experienced an attack of panophthalmitis are not dangerous to their mate and while the results here were all that could be desired, few of us, I imagine, would be willing to take chances with so grave a disease and undergo the intense suffering involved to procure this ideal result.

DISCUSSION.

Dr. Mann: I enjoyed the paper very much. Anything connected with the eye is most interesting to me. Each one of these cases of wounds of the eye should be a law unto itself. I believe we should be very conservative in their treatment. Where the cases can be watched, I do not think we ought to think of enucleating the eye if there is any possibility of saving it. There seems to be a great impression among the laity over this section of the country that whenever you receive an injury to the eye of the slightest nature, it matters not how slight, the best thing to be done is to immediately take that eye out, because if you don't you will certainly lose the other eye. I don't know really how such an impression came to be spread abroad throughout this part of the country. I recall a case, however, of a supposed oculist who removed the eye, in twenty-four hours after the other eye was injured, because sympathetic ophthalmia had already set up. We know it to be a fact that sympathetic ophthalmia has never been known to make its appearance in less than eleven days, possibly fourteen days, or maybe six weeks would be a very conservative estimate of the time. We do know that glaucomatous eyes may produce sympathetic ophthalmia forty years after

the wound. So, these patients should always be guarded and asked to report to the physician at once.

Dr. Price states that atropia should be used in every case. I doubt that. I think it should be used in every case in young people. I doubt exceedingly the use of atropia in old people, unless it is absolutely indicated. I think atropia is a most dangerous remedy in the hands of a man who does not thoroughly understand the eye in people past middle life. We know that in those eyes we have an extreme tendency to glaucoma, due to the constant growth of the crystalline lens in the eye. The eye has reached its growth very early life. The crystalline lens continues to grow until the patient is 66 years old. And you frequently see cases of glaucoma from the excessive use of atropia. I did an operation for glaucoma a few days ago in which a lady had received a very slight wound of the eye, but there had been an increase of the affection from the excessive and prolonged use of atropia, in which the sight was never restored. So, I think atropia, as the doctor's great remedy in diseases of the eye, should be used with extreme care in patients past middle life.

I wish to thank Dr. Price for his paper.

Dr. Vinsonhaler: I would like to add one case to this interesting paper. Two years ago an individual was brought to me with a cut to the cornea of the eye. He had engaged in an altercation with another party, and this party struck him over the head with a beer bottle. The bottle broke and the edge of the glass cut directly through the cornea, ruptured the capsular lens, and the contents of the interior chamber prolapsed into the wound. The injury was such that I very nearly decided to remove the eye. It was a case where sympathetic ophthalmia might be expected at some future time. So I temporized. I did not do the enucleation, although, as I say, I was strongly tempted to do so. I removed the lens and had considerable inflammatory action following, and nothing more than slight perception was secured in that eye. A year or so after that he got into another altercation and got the other eye cut with the edge of a glass, which struck him in pretty much the same manner; but his assailant made a better job of it this time, cutting through the lens, penetrating the globe and allowing its contents to escape. There was nothing else to do but enucleate and remove the last eye that was injured. The other had light perception and was now his only chance for sight. I have always been thankful that I did not take out that first eye, as thereby I should have destroyed his only means of seeing forever afterwards. As it was he was left a fairly useful vision with the eye that was first injured. We don't want to be too hasty. I think you will find it best to go a little slow sometimes. I merely instance this as a very interesting case where I might have made a very serious and far-reaching mistake had I followed out my first inclination.

Dr. Moulton: The paper is very interest-

ing, and well covers the ground. He alluded to injuries from bird shot. Every class of injuries is exceedingly favorable for conservative treatment unless the eye is totally destroyed and disorganized from the first. In all injuries where you treat sympathetic ophthalmia, you have two weeks in which it is perfectly safe to try conservative treatment, because most sympathetic troubles do not begin until after two weeks. Bird shot injuries are extremely favorable for conservative treatment for two reasons; in the first place, the lead is as little apt to be irritating, and, owing to the heat generated in its flight, the shot is as little apt to have germs upon it as any substance which can enter the eye. In the second place, these small shot often pass entirely through the eyeball, and the chances of saving the eye are thereby increased. If the shot stays in the eye, it is almost certain sooner or later to give rise to trouble, but it might lie there for a long while without doing so.

Years ago I reported a series of four cases of injuries from small shot. In one of them the shot struck the sclerotic, but did not perforate it. It produced abundant hemorrhage. Recovery was perfect. The shot was afterwards extracted from under the brow, where it lodged, between the brow and the eyeball. Another case was where the shot passed through the sclerotic close to the ciliary margin and out again a little behind where it entered. In that case, with the exception of a small glaucoma in the field, the vision was normal.

As to disinfecting an eye that has been injured, I would like to mention a procedure that I always adopt. I learned it from a doctor in Texas. It is what he calls massage of protargol, followed by an instillation of argyrol. If you will take a 10 per cent. solution of protargol and dip into it a large sized camel's hair brush and then brush briskly back and forth across the lids and among the lashes, in most all individuals you will stir up abundant lather, the same as in the case of soap to lather the face preparatory to shaving. This is due to the well-known tendency of protargol to foam up on agitation. It probably penetrates more deeply on account of the soapy behavior of it. It thoroughly cleanses the lashes and the lids and the brow, and in that way you have the whole field disinfected as thoroughly as possible. Because, after you dress your eye, if the skin of the lids or the lashes contain germs, infection may find its way into the eye from the skin of the lids if you haven't properly cared for it. It is very difficult to disinfect that region by bichloride, etc. Protargol is a very active antiseptic, and if some of it should find its way into the eye, it does no harm. Afterwards I use a 25 per cent. solution of argyrol. Argyrol is the safest and most efficient of all ocular antiseptics that we have. It is absolutely non-irritating. In order to disinfect the conjunctival sac, you come as near doing it with argyrol as anything, and a 25 per cent. solution of it is never to be

feared. Dr. Vinsonhaler speaks of using it himself. I use it very frequently. In case of children where I use this solution, if the parents or the nurse is present, and they are not familiar with the drug, I always instill a drop of it into the eye of the parent or nurse in order to prove to them, if they are going to use it at home on that child's eye, that they are not going to put anything into the eye which will hurt the child.

Dr. Stephenson: I think Dr. Price read a very valuable paper on injuries of the eye. I am reminded of a case I had year before last. A young girl about 17 years of age, received an injury to the eye from sitting down in a cane bottom chair. Just how, I don't know, but in some way or other a portion of the cane from the bottom or back of the chair penetrated the cornea directly through the pupil into the lens. We have in Little Rock what is termed by a great many doctors there the "curbstone quack," who makes it his business to stand on the sidewalk, and if he sees anybody he thinks is suffering or hurt in any way, he freely offers them his services. He saw this girl with her mother, and stopped them and asked what was the matter, and they told him. He asked permission to treat that eye, but fortunately they did not grant it. But anyway he poisoned their minds to the extent where it was almost an impossibility to keep them from having it removed. When they came to my office the next day, they came with the determination of having the eyeball removed. I told them I thought there was no use in removing it, that she would have a traumatic cataract to result, and the thing to do was to remove the cataract, and keep the girl's eye intact, and perhaps she might have good vision. A very violent inflammatory action followed this wound, so much so that when the cataract was removed it was necessary to remove it under the influence of chloroform, it being impossible to do so with cocaine on account of the extreme tenderness. The speculum could not be introduced, and she could not bear the pain of catching hold of the conjunctival membranes with a pair of forceps. An anaesthetic was given this girl, and the lens removed. She recovered nicely, and had good vision. I shall never get through feeling thankful that I did not remove the eye. She is a beautiful girl, and had a vision of 20-30, which is a very satisfactory result when we consider the inflammatory action that followed.

Dr. Price: It has been very gratifying, indeed, to listen to the free discussion of my colleagues on this side of the river.

In regard to Dr. Mann's remarks as to the use of atropia, I have nothing especially to say, except to cite a case that I saw down at Helena of a young man who was shot in the eye with a toy cannon. One eye was lost entirely and the other eye had quite a band of cicatricial tissue right across the pupil, and it was only while that eye was contracted that he could see around the band. The lids, cornea and all had been so extensively damaged

that nobody seemed to care to do an optical iridectomy on that eye. He had been using atropia regularly for about four years when I saw him, and possibly some doctor from Helena might give us some information about him now. He lived at Holly Grove, I believe.

Dr. Moulton speaks of the ocular antiseptics. Some have used gelatine discs of iodoform. These little strips of gelatine impregnated with iodoform can be passed right into the eye where you want an intramural antiseptic.

The cases that Drs. Vinsonhaler and Stephenson refer to certainly illustrate the importance of doing all we can to save the eye.

I have a doctor friend in Memphis who has been unfortunate enough to lose one of his eyes, and he has a small pterygium upon the remaining good eye. He says that if that gets to grow so that it will have to be operated upon, he is going to New York and get the best oculist in the country to remove that pterygium. Of course, there is no trouble to remove the pterygium, but he values the sight of that remaining eye so highly that he is not going to take any chances upon it.

I wish to thank the chairman of this section for his invitation to contribute to this program. I was a member of this Society for a couple of years during my practice in this State, and it is a great pleasure to be present at another of its sessions.

—X—

CONGESTION OF THE BRAIN IN INFANCY.

(By Dr. W. T. Whaley, McNeil.)

Read by Title.

Excessive accumulation of the blood in a part. Engorgement hyperemia. It may be either active or passive. Active congestion is produced by active dilation of the vessels such as that set up by reflex irritation. Blushing the flush of fever. The congestion attending morbid proliferation due to passive yielding of the vessel walls to the intravascular pressure where there is obstruction to the flow of blood, especially in cardiac disease, or loss of tone in the vessel wall. Hypostatic congestion, a form of passive congestion occurring in independent parts of the body when the circulation is too feeble to carry the blood up against the force of gravitation. A physiological congestion takes place in secreting glands during the period of their functional activity. Now, I have only tried to give you a synopsis, or, in other words, a definition of the word congestion so that we may understand this paper better. I will confine myself to the subject, "Congestion of the Brain in Infancy."

This form of congestion is not peculiar to infancy and childhood, but is more common in their periods of life, than subsequently. This is due in a great measure to the fact that in the young the circulation is more readily disturbed by moral as well as physical causes than in the adult. Congestion of the brain is occasionally primary, more frequently occurs as a concomitant or sequel of some other affection—disease—whether constitutional or local, which in the adult have no appreciable effect on the vascularity of the brain, often the

cause in the child a decided increase of blood in this organ. Cerebral congestion is of two kinds, active and passive. The active results from a cause which directly affects the brain and increases the flow of blood toward it, or from a cause operating primarily on the heart and increasing the frequency and force of the systolic movement. The passive is due to some obstruction in the course of circulation or too feeble propelling power on the part of the heart. Among the causes which more frequently produce active congestion of the brain in the child may be mentioned blows or falls on the head, excessive fatigue or excitement, heat, perhaps sometimes dentition, and also various inflammatory and febrile affections in especially their first stages. Cerebral symptoms occurring in the course of an essential fever are no doubt often due in a great measure to the irritating effect on the brain of the pacific principle, whatever it may be, circulating in the blood, occurring in inflammatory diseases which are located elsewhere than within the cranium, they are attributed to functional disturbance of the brain. The brain, it is said, sympathizes with the affected part through the system of nerves which unites them, but observation shows that symptoms referable to the brain arising in the commencement of the essential fevers and the phlegmasia are, in many instances, preceded by, and are doubtless in greater or less degree dependent on, hyperaemia of this organ. Difficult as it is to ascertain the state of the brain in many diseases in which it is involved, we may determine whether or not there be congestion in the young child by observing the anterior fontanel. If it be elevated and tense in acute disease, hyperaemia is indicated. It is often unusually prominent in fever and inflammations, especially in their first stages. When cerebral symptoms are present, its elevation under such circumstances is obviously co-incidental with cerebral congestion. The acute inflammations which are most likely to be attended by cerebral congestion are those of the mucous surfaces. Pneumonia, severe coryza, tracheo, bronchitis, enterocolitis and colitis commencing suddenly with great febrile excitement or frequently accompanied in their initial stage by active congestion of the cerebral vessels. The causes of the passive congestion of the brain are very different from the acute form. A common cause is obstruction in a sinus or vein by a fibrous concretion or by a tumor or abscess external to it. We who practice in a malarial district sometimes meet a case of dangerous passive congestion of the brain, the result of malaria, occurring especially in the cold state of intermitting fever. In these cases the surface is pallid, its temperature reduced and the pulse feeble, the blood leaving the peripheral vessels, collects in an undue quantity in the internal organs, producing congestion of the brain as well as the thoracic and abdominal viscera. In the child with the malarial disease in whom there is less vigor of constitution than in the adult, death sometimes results from this passive congestion. Passive congestion often occurs in the infant at birth, either from tediousness of the labor or delay of the expulsion

of the body after the birth of the head. If it be simple congestion and not congestion with hemorrhage, it soon passes off. Passive congestion of the brain also occurs in severe paroxysms of whooping cough in which return of blood from this organ is temporarily retarded. All are familiar with the congestion which occurs in parts external to the cranium from the severity of the cough producing epistaxis, extravasations under the conjunctiva, the extracranial congestion obviously indicates the presence and degree of congestion within the cranium. Symptoms of active congestions of the brain are stupor, great heat of head, throbbing of the carotids, restlessness when aroused, twitching of the limbs, and perhaps, convulsions. There is also sometimes intolerance of light and the anterior fontanel, if open, pulsates strongly. In passive congestion many of the symptoms are the same as in the active form, stupor, twitching of the limbs and fretfulness or irritability when the patient is disturbed.

Common or ordinarily without increase of temperature the surface may indeed be cool and the face is not flushed, nor the eyes injected. In both acute and passive congestion, constipation is the common symptom of congestion of the brain or associated with others which proceed directly from the cause of congestion; but it is not difficult, unless in exceptional instances, to determine which are due to the congestion and which to the antecedent and co-existing pathological state.

THE PROGNOSIS.

The duration and the result of congestion of the brain depend in a great measure on the nature of the cause. If the cause be trivial, due to mental excitement, fatigue, or exposure to heat, there is usually prompt relief if the condition of the patient be understood and properly treated. If the cause be general or constitutional as one of the essential fevers or whooping cough, if it be local, but its seat external to the cranium, the prognosis, so far as the congestion is not unfavorable, if there be timely and judicious use of remedies. The most unfavorable cases are those in which the cause is seated in the encephalon, and those in which there is some obstructive disease in the course of the circulation. Congestion occurring from a structural change without the cranium is, from the nature of the cause, without remedy and ordinarily fatal. Obstructed diseases of the circulatory system, wherever located, being for the most part permanent, give rise, as a rule, to incurable congestion. Congestion of the brain, if it be not relieved in a few hours, becomes less and less amenable to treatment. It soon passes beyond the resources of our art and ends in coma. It is seldom protracted beyond a few days, extravasations of blood common in active congestion and serious effusions common in the passive form, diminish the chance of a favorable result.

TREATMENT.

The indication for treatment in active congestion is, plain measures should be employed, which produce derivation from the brain unless there be an asthenic primary affection in the

cause of which the congestion is developed. Active purgation is required.

A saline purgative is ordinarily preferable. If the stomach be irritable there is no better purgative than calomel. In all cases of active congestion, whatever the cause, the bowels should be kept open. It is often better not to wait for the tardy action of a cathartic, but to give at once an enema of soap and water or in salt water. External derivative agents are also indicated. A warm mustard foot bath, mustard to the back of the neck or chest, and to the feet, and cold application to the head, are measures which should never be neglected. In many cases those medicines are useful which reduce the contractile power of the heart, as antipyrine, antifebrine or phenacetine. This treatment, if employed early, will relieve the congestion in a large proportion of cases; but, if there be any improvement, if the child be robust, and if the primary affections be such as does not contraindicate loss of blood, leeches should be applied to the temple or some part of the head. If after the lapse of several hours cerebral symptoms continue apoplexy or serious effusion has probably occurred. Congestion is then no longer prominent lesion and it is proper to designate the disease by another name.

The treatment appropriate for passive congestion is somewhat different. Cold application to the head and those of the derivative nature to the extremities are useful. As this form of the disease is not primary, but is dependent on some antecedent and pathological state, it is evident that it can only be treated successfully by removing or obviating the cause as far as possible. The nature of the various obstructions to the intravascular circulation is such that our ability to accomplish this end is very limited. If the cause be constitutional, or if it be some disease in the neck or chest, it may sometimes be partially or even wholly removed; but if seated within the cranium, it is beyond our control. In general it may be said that the depletion is not required or tolerated in passive congestion, and stimulants are often needed.

—X—

MALFORMATIONS AND MATERNAL IMPRESSIONS.

(By Dr. G. A. Warren. Black Rock.)

The case I have is a minor one, yet one of interest.

I had been engaged to wait on the woman, but the time went one month beyond the expectation and I had supposed it had been attended by some one else and had passed it up. I was called, February 21, to come at once, but I was at a neighboring town in consultation and could not get to the case of confinement; so several other doctors were tried, and for a time it seemed that no one could be secured to attend the woman. An Eclectic was finally gotten and the child was delivered bearing a pendant about the size of a small cherry from the middle of the little finger of the left hand. The doctor in attendance

refused to cut it off, telling the parents it should be allowed to stay till the child is some months old. The mother developed a case of puerperal septicemia, and I was called to see her February 25, or four days after, and saw for the first time the child's deformity. I told them it should be cut off at once, but refused to do it that day as I was handling the septic material from the mother's uterus. I advised them to bring it to me as soon as the mother recovered and I would operate on it. They waited two or three weeks after the mother's recovery and the deformity became sore and caused the child to cry almost constantly when awake. The neck was not larger than a medium sized silver suture, but the swinging and inflammation caused a teat-like projection from the finger, making an ugly deformity. The slightest touch on the deformity caused the child to scream as if in agony—it seemed to affect the child like a bifida from the spine that is, was exceedingly sensitive. I ligated it and clipped it off and during my handling it and washing it the child screamed constantly, but as soon as I clipped it off the child fell asleep and slept for hours, yet I gave no opiate, or any kind of an anæsthetic. The finger soon healed, inflammation subsided and the teat-like projection began to be absorbed, and the finger became normal or nearly so.

The abnormality was nearly round with a marked dimple on the palmar side and resembling a small Irish potato or a cherry with a deformity on one side, and it contains a bone in the center to correspond to the seed of a cherry. I asked the mother if she had had a desire for cherries or potatoes while carrying the child, and she said she had not. I asked her if she had any theory for this deformity and she said she had none. In passing, I want to say that the father of the child was named Davis and his former children, four or five in number, were all girls and so he was very anxious for a boy and I think had him named "Jeff" several months before birth. I supposed perhaps it was a paternal trouble rather than a maternal one. I do not say this to make the impression that I do not believe in maternal impressions, but because the child is "Jeff Davis" and his name will doubtless carry him through if he pushes it.

I do believe in maternal impressions and I think that those of us who laugh at such things are laughing at science, and are showing how little we know; or better, how little we think; that mind has power over matter especially matter in utero. I saw a child with a double thumb from distal joint and either bifurcation was as large as the other and each one had a good nail and stood at an angle with the body of the thumb. The mother said she had a constant craving for pig's feet during the time she was carrying the child, but was in a timber camp and could not get them and she knew the child would be marked some way as a pig. The imprint of either thumb made a veritable pig track. The doctor who waited on this case advised the parents to wait till the child became some years old to amputate, and so when I saw it you could not decide which division to amputate, and if either were amputated the other would be weaker and a worse deformity than if

both parts were left. If there is any malformation it should be corrected at birth and if the accoucher does not want to do the work he should send them to some one who can and will do it. I have seen many cases of body deformity that I felt sure were caused by maternal power and mind worry. A scientist reports a case of a mother being in three fires, or boarding in three different boarding houses that burned during the time she carried the child, and by the time the child could walk he was an incendiary, constantly trying to set fire to the house, starting fires in the yard, burning clothes and he is now 7 years old and is a natural-born "fire-bug." Since I selected this subject I notice that several scientists are interesting themselves in the hundreds of babies that were born in San Francisco during and after the fire and also the children soon to be born of mothers who were sufferers and witnesses of the earthquake and fire. Each child is to be watched and its peculiarities marked, and their whereabouts is kept track of closely, also the expectant mothers—and while no bodily defect could come to the child during the last months of pregnancy, mental conditions can be impressed during the last hour of foetal life and the child's nature entirely changed from what it would otherwise have been. While this is true of the child's mind I hold that it can be equally true of the child's body during first weeks or months of pregnancy. We cannot afford to laugh at the ignorant mother who says her child is "marked" from some powerful impulse of her mind during the time of her pregnancy. I have seen cropped ears of a child the mother said were caused because she held some pigs for her husband to mark. I saw an amputated arm above the elbow caused by a brother of the woman telling of a man's arm being shot off and going around on the battlefield with the bleeding stub and he finally held the man while the surgeons amputated the mangled end.

DISCUSSION.

Dr. Edwin Bentley: In regard to this matter, I have met with some peculiar conditions. I have in mind one family of about seventeen children, and every one of them had a fifth finger to come out on the side of the hand, and they would not have them cut off, and the father declared he would not own one of his children who should be without that fifth finger. (Laughter.) I also know of a family of three children in Little Rock who had five fingers, but they, on the contrary, have been exceeding anxious to have the surplus finger cut off immediately and wanted it done directly.

I saw once a girl with an amputation about the middle of the forearm; it was as complete and smooth an amputation as you could ever wish to see, without any rudimentary fingers. The mother claimed when she was six months gone she saw and was present at an amputation of the arm, and she attributed it to that cause. While as to some of these conditions we can have some idea of an explanation, but in this particular case I am unable to understand or believe that it could have any reference to seeing the amputation. I believe in some

of these cases we can explain them, but in some others we cannot.

Dr. Price: The essayist states that these defects should be corrected early. In connection with that, I recently had the pleasure of listening to quite a good pianist who was minus the little finger on one hand. This pianist could play the heaviest oratorio artistically, although she had but three fingers and one thumb on one hand. This little finger was lost at the age of three.

Dr. Sweatland: I believe when we come to sift these things down, it is a question that can be explained in other ways than by maternal impressions or paternal impressions, either. Five fingers and five toes we all probably carried them at one stage of our evolution, and it is only just the remains. I think that thing has been thoroughly explained by Darwin, and as far as five fingers and toes are concerned, I don't think that maternal impressions cut any figure. However, birth marks may be due to them; but further than that, I do not believe it.

Dr. Snodgrass: I am very much like Dr. Warren in this case. It has never been satisfactorily explained to me. I had one case to occur in one of the lower animals. A member of my family owned a very fine mare which we prized highly. About four months after she was served she fell through a bridge and broke one of her legs. She finally dropped a colt. That colt was born with the same kind of deformed leg across on the opposite side three times as large as any of the rest of its legs.

Dr. Wood: A case occurred in my practice about three years ago. A young man was seriously hurt by a ball that kept him unconscious for about seven days. He was about two months recovering. It struck him on the side of the face and head and knocked him down and left him badly blood-shot under one eye, all under the chin, under the opposite side of the face, under the mouth and behind one ear. He was very much blood-shot. His wife was pregnant about six months, and when her baby was born that baby had red spots at every one of the points that its father remained blood-shot so long. I can't say that maternal impressions can explain that, but it looks like they bear out that idea some.

Dr. Hunt: This subject has been discussed for a long time without reaching any definite conclusions from a scientific standpoint. The amputations referred to, or the absence of certain parts of a person when born, may be to some extent explained by the fact of constricting bands of fibre or something else that may occur during the child-life in utero. Such things as double thumbs, etc., of which we have all been witnesses might be explained from the same standpoint as twin babies. You take the ovum, and we have every evidence that one egg from the woman sometimes produces two babies, just like we see one hen go and hatch out ten chickens. There is evidently a twin germinal disc to that ovum that causes the development of two children. It would be just as easy in the proliferation of cell life, if we understood embryology sufficiently, to explain double feet and double hands, by a double

germinal disc in the cell. It seems that we ought to get down to a more scientific basis than maternal or paternal impressions.

I remember two case in a colored woman. In one of which a child was born without a hand. She explained that by saying that she looked at a picture of an amputated arm. Another child was born with a broken elbow, which she explained by saying that she had an old rooster in the yard with a leg broke, and she saw the rooster hopping around. I guess probably a dozen other women saw that same rooster and that same picture during the term of pregnancy, and their offspring came normal.

It seems to me that if we studied embryology a little more thoroughly we probably could get a more scientific basis for explaining these abnormalities.

Dr. Dorr: I think as soon as we get a report from the San Francisco babes, we will understand these questions. (Applause.)

Dr. Warren: So far as being able to give a scientific reason for the monstrosities or deformities, we can go on and theorize and speculate indefinitely and yet we cannot reach a single conclusion that we would say this or that would be so, because they will get something else to knock the props out from under us. As I said in the beginning, while it may seem like foolishness or almost bordering on superstition to say these things are so, yet the mother, as I said, can give a better reason, and it seems like a more scientific one, than we can give for these happenings, when they happen with such regularity, and when they are looked for previously, and it looks to me that we should have to admit that there is something in it.

Then, another thing, the wonderful development of horticulture for the last few years. It has made strides that are wonderful in changing the nature of plants and fruits to a more or less extent.

So, I say again, while it may not do as much as we think it will, if we understood it there might probably be more in it than we probably give credit for. But, not only that; there is coming a time when we as doctors, should not only be our brother's keeper, but more properly our sister's keeper, the adviser of woman during pregnancy.

—X—

TREATMENT OF DISEASED CONDITIONS OF THE KIDNEYS.

(By Dr. R. L. Saxon, Holly Grove).

The volumes of matter on this subject, and the instability of opinions concerning the causes will not permit me to outline a course that shall be free from criticism and correction. So it shall be my endeavor in this article to only give to you my ideas, crude and immature as they may be, that they may serve a synopsis upon which better or more able minds may build a most complete treatment of the diseases of this, one of the most important organs in the human anatomy.

The treatment of this organ has only been established with any degree of scientific

accuracy within the last few years. The importance of the kidney to the human economy is only now being fully realized. So our best brain is giving it the consideration and study that has been so long neglected, and which is rapidly developing the profitable treatments and cares that bring us expected and desired results.

I shall not take up the surgery of this organ, but shall presume that you each have as good books as I and most of you a great deal more experience in this field of treatment of this organ.

In fact, I shall only treat of five separate diseased conditions of the kidney, viz:

- 1—Acute Bright's Disease, or Acute Parenchymatous Nephritis.
- 2—Chronic Parenchymatous Nephritis.
- 3—Chronic Interstitial Nephritis.
- 4—Amyloid Degeneration of the Kidney.
- 5—Bacterial Infection or Specific Diseases.

Before attempting to treat a disease, we should, at least, know something of its causes or origin, that we may not only relieve the existing state but eliminate the source of constant offence. The treatment of this organ not being an exception, we shall attempt an enumeration of some of the prime causes of the above conditions before outlining the treatment.

Acute Bright's Disease is an acute inflammation, and possibly some degenerative changes of, especially, the tubules and the glomeruli of the kidney; caused by:

- 1—Exposure to cold, wet and dissipation.
- 2—Poisons of specific fevers, as Scarlet Fever, Typhoid Fever, Measles, Diphtheria, Small Pox, Chicken Pox, Malaria Fever, Yellow Fever, or some other fevers.
- 3—Toxic agents from without the body, as Carbolic Acid, Turpentine, Potassium Chlorate, etc.
- 4—Pregnancy, especially where there is pressure on the renal veins.
- 5—In connection with extensive lesions of the skin, as burns and skin diseases.

Chronic Parenchymatous Nephritis, which may follow the acute nephritis, being produced by virtually the same causes, and to that extent changes in the cell tissue are degenerative, and cannot be repaired.

The Interstitial Nephritis is a degenerative change in the interstitial tissue, it becoming inactive and produces a crowding in on the cells, and circulation of the tubules and glomeruli. Causes here are about the same as in Acute Bright's Disease taking the process or offending processes longer to produce it.

Amyloid Disease might be placed in with Bright's Disease, but I prefer to class it as a degenerative process in the kidney, caused by prolonged wasting conditions, or suppurative processes of the body.

Bacterial or Microbic Diseases of course, are caused by the lodgement, by some means, of the specific germ of the produced disease in the kidney, usually through the circulation of blood or lymph as Tuberculosis, Cancer, Syphilis, etc.

The indications for treatment of either or all

of these conditions may be put under three general heads:

No. 1—Relieve the kidney of all or as much as possible of the offending matter.

No. 2—Put other eliminatory organs to work.

No. 3—Treat the symptoms as they occur.

I shall make a few general divisions in my treatment of this organ:

No. 1—Rest both to the organ and to the metabolism of the body.

No. 2—Dietetic.

No. 3—Manipulative procedure.

No. 4—Medicinal.

No. 5—Climatic.

Now, if we have an acute congested or inflamed kidney from whatever cause possible, we put our patient to bed, keep quiet, and give both mental and physical processes complete rest by giving mind rest, and keeping the patient from any exertion of any kind. Give him such foods as will digest easily, cooked well, and will produce no extra or as little irritation to the kidney cells as possible. Water freely, milk either pure or carbonized or peptonized; fruit juices may be taken and a little tea or coffee well creamed, slightly sweetened, which possibly promotes digestion, may be used; lamb in preference to pork; fish and oysters are said to be good; vegetables of all kinds are to be used. Supper should be the lightest meal. If suppression is prominent and pain is severe we may cup over the area of the organs; or apply hot packs, hot steam baths, hot water bath, and sometimes friction. Sweatings and frequent tepid or warm baths are good. The patient should be kept warm by warm, dry clothing next to the body. Often in plethoric individuals blood letting produces excellent and prompt relief, especially is this true when uremia or eclampsia threatens. After all this, or along with this treatment, we might add some of the milder diuretics, especially those that have eliminating effect on the body. Calomel, 10 grs at one dose, is fine and this should be followed each day afterwards with salines to keep the bowels open and thus help to rid the economy of some of its waste by the bowel and to lessen the arterial tension and help metabolism. We may also give hypodermic doses of pilocarpine to produce diaphoresis, and morphine for nervous disturbances, and if the arterial tension is low digitalis may be used. But this condition does best without drugs. Often cases are so subject to these attacks that an equitable climate is the best thing, change of climate then will often relieve a great deal of suffering.

If the case be chronic, and of the parenchymatous variety, the treatment is virtually the same, except a little more heroic and more rigid and persevering. But in the interstitial variety there are many modifications in this. We have a kidney that is so impaired in its functions that it is apt to fail at any moment. And although we cannot expect to cure this condition we can often direct, and thus comfort the patient for the balance of life. We should be very careful about giving irritating foods and drinks, but we must give enough

nourishing food to keep the strength of the patient up so some meats may be used cautiously, not much starchy foods. Alkaline waters must be limited and the medicines in this condition are of but little benefit except where there are cardiac and pulmonary symptoms. Nitroglycerine may be used with good results here. Elimination must be promoted by other channels by other sources, and the patient must be warmly clad, and it is best not to take too much exercise, but walking is considered the best form in this disease.

In Amyloid Disease the treatment would be that to stop the process going on in some other part of the body, and I believe some have suggested surgical procedure, but I do not like this, or, rather, do not attach much importance to it.

The last but one of the most destructive in all these destructive processes that may set up in this organ, is by action of the microbes that are characteristic of the respective diseases. So if there be a specific for the disease, use it. If it be Tuberculosis, treat the system climatically, dietetically, and hygienically, and hope for results in the local organs, and if this fails consign the subject to the surgeon for consideration. If the infection be syphilitic give the specific and supporting treatments, and if the process is too far advanced, again call on our more venturesome brother. So with any such specific infection of this organ first do the best we can to help nature to remove the infection, then call on the surgeon.

There are many symptoms that come up in connection with these diseased conditions of the organ that must be treated. Dropsical effusion is very common in the chronic interstitial nephritis, and if the patient after use of purgatives and sweating by hot baths and steam packs, has to be tapped, extreme care should be exercised to prevent likelihood of sepsis, which is more apt to occur during this condition than any other. Uremia is another condition, or rather, symptom, accompanying diseases of this organ and is best treated by the several preparations of chloride or iron. Renal asthma, which occurs seldom, though very annoying, is best treated with nitroglycerine, and menthylinitrite. There are many, and various, nervous symptoms as neuralgias, nervous headaches, rheumatic pains, gastralgias, lumbago, each of which are best treated by the nerve sedatives, usually morphine being the best. Sometimes a combination is better. Often hot applications will relieve; purgatives and salines will often give surprising results. Cramps and pains in the stomach and the bowels and muscles are best relieved by purgatives, hot packs, sweats, and chloroform. Vomiting, which is often prominent and very annoying, may be relieved by carbolio acid in minim doses or iodine.

There are a number of other diseases that I should consider products of the diseased conditions of this organ which we have been considering. Such as pneumonia, pleurisy, valvular diseases, endo- and pericarditis arterosclerosis, each should receive the treatment

demanding by the existing condition denoted by symptoms.

After all the treatment is not as defined as I should like to have it, but after weighing all the different theories from that of complete starvation, for a time, in acute nephritis, to that of climatic and rigid dietetic treatment of chronic nephritis, and after studying all the different classes or varieties of casts and the relative amounts of albumen in the different conditions; and the conditions of the blood as to the relative percentage of urea, and uric acid, we conclude that almost each condition or product acts as an exception, where we have desired, and thought it to be a proof of a decided abnormality or disease of the kidneys.

DISCUSSION.

Dr. McCallum: I see but one thing wrong in the doctor's paper. We have a great deal of experience with this trouble here. I have had quite an experience in the last four or five years. I have had forty or fifty patients, I guess, in the last four or five years, and I have sent every one of them to Mountain Valley Springs, about twelve miles from here, and I think 92 or 93 per cent. of them get well. I think that is the remedy for Bright's disease beyond all question.

Dr. Kirby: I want to commend the young man for his writing the paper, and I want to encourage every young man engaged in this kind of work, and also to take part in the discussions. It looks a little like presumption upon my part to jump up every time a man reads a paper. I don't want you to think that I am conspicuous in any sense of the word, but I want some one to take part in the discussion. I am glad that the young men are engaged in it. Dr. McCallum's statement sounds like we have a panacea for chronic Bright's disease in these mountain springs. Up in our country they say Eureka Springs does the same. But, when a man practices medicine a good long while, he begins to think that there is not much remedy in any medicine, because they all die after a while anyway. (Applause and laughter).

There is one thing in the doctor's paper that I want to mention as an arterial vaso-motor dilator, which I think is a splendid remedy, and especially where there is arterio sclerosis, and that is nitrate of soda. It is more lasting in its effects as compared with nitroglycerine and does not have any more deleterious effects than nitroglycerine does.

Dr. Keller: I cannot say that I have seen as large a percentage get well as Dr. McCallum sent to Mountain Valley, but those springs are a wonderful diuretic. I have seen patients go there with as much as 66 per cent albumen and they got well. I have seen patients with 48 gr. of sugar to the ounce get well.

Dr. Kirby is right. We all begin to lose faith in medicines and everything else, because the patients die sometime or other, and the older I get the less inclined I am to mix remedies. I do believe, however, if there is any place on this continent where Bright's disease can be relieved to a great extent, if not entirely cured,

it is this place out here at Mountain Valley. I have known people to go out there and drink seven gallons of that water in 24 hours. Of course their urination was equally as much. I believe until the waxy condition appears, if there is any hope in the treatment of Bright's disease, there is more in sending them there. It is certainly a very valuable aid in the treatment of the disease.

Dr. Rhine: I do not care to discuss the paper, but I would like to ask the writer what his experience was as to the effect of pilocarpine upon the cases in which he used it. I had a case of chronic trouble, and had a consultant. He advised that the patient needed pilocarpine. We went away and the patient sent for us to come back, and we had to work hard to keep him alive.

Dr. Saxon: I don't know anything that I could add to the paper. My object in writing the paper was to bring out a free discussion, but it seems that the gentlemen do not tackle the subject very freely. At least, only a few gentlemen saw fit to discuss it.

My experience, of course, in the practice of medicine has been very limited; I have only been in the practice two years now. As Dr. Kirby said, it seems that all medicines fail; that all the diuretics, dietetics and everything else sometimes fail in these conditions, and the patient goes on and dies; they seem to get no better under any treatment.

By reading, I find that many of our writers in the journals and text books now advocate complete starvation, as I alluded to in one sentence of my paper. They advocate giving water and nothing else, claiming that anything given acts as an irritant, and that if we can starve out patients for at least two or three days, it will relieve more than if you give any diuretic or any medicine or any food.

—X—

HEMOGLOBINURIA.

Read by Title.

(By Dr. R. N. Smith, Collins.)

Unfortunately this disease had been studied but very little scientifically when I first began practice ten years ago, so far as I could ascertain. But since then considerable progress has been made. I cannot but recall the eagerness with which I read what appeared to me to be the first scientific description by Dr. Barratt in 1900, at which time I was busily engaged in treating some cases.

We have what one might call two forms of the disease in our country, and is classed by some as the sthenic and asthenic. When I began treating my first cases the asthenic cases were known as the malignant type of swamp fever. In such cases you find a case of chronic malaria. The liver, spleen and kidneys are enlarged, the liver and especially the spleen very much enlarged and congested. This condition is too well known to require a general description. The spleen is often so altered as to be in many patients nothing more than a puffy mass, or maybe angiomalike in structure. The pulpiness is especially striking in haemoglobinuria of

a protracted nature. In this condition, the organ possesses but little functionary power. Pathologically Mason says that some bodies present very little evidences aside from those of ordinary malaria. This lack of characteristic changes in some, and decidedly more striking in others, teaches us much in reference to classification and treatment. It demonstrates that one is more rapidly acute and due to some immediately overwhelming disturbance, and that the other, while it is the same disease, is engrafted upon a more chronic affection, especially aggravated by an abnormal liver, spleen and kidneys. The kidneys are enlarged and congested, the tubules blocked with haemoglobin imparts the cell-laden with yellow pigment grains, and the capillaries with black malarial pigment. This is a perfect picture of overwork, the organ attempting to excrete so much detritus and foreign matter as to choke the tubules and in many cases to completely stop its functionary powers. This yellow pigment referred to is also to be found in the protoplasm of the cells of almost every part of the body. It is present in the skin and conjunctiva, giving rise to the yellow cast of the disease. The other viscera of the body show about the ordinary characteristics of malaria. The blood in a malaria haemoglobinuria patient is so damaged by the malarial parasite as to produce the characteristic malaria cachexia. The plasmodium attacks the red blood cells in such large quantities as to destroy the red blood cells, and turn loose such large quantities of haemoglobin in the circulation that the liver, being unable to manage such an enormous amount, that the kidneys are trying to help eliminate from the blood that which could not be eliminated by the liver.

The urine is very often diminished in amount and in fatal cases complete anuria may result. The urine presents a characteristic dark brown color; on standing it separates into two layers; an upper of a port wine or very dark claret color, and a lower of grayish brown containing bilin, granular and caland casts and a large amount of granular material. (The haemoglobin gives it the characteristic color on being freshly voided.) Blood serum semi-deformed, shriveled blood cells and epithelial cells.

In my section of the country we have two classes of cases which might be classed as blood in the urine instead of haemoglobin. sthenic and asthenic haemoglobinuria and another class which is haematuria, there being Those haematuria cases are considered accidental, being caused from congestion of kidneys from quinine or any other similar cause, and the hemorrhage may come from the kidneys, ureter, bladder or urethra. The cases that now concern us are the ones that have the haemoglobin in the urine. The ones that have had that most vitalizing of powers destroyed, that is the blood.

The onset of the sthenic variety is engrafted on patients that have a less amount of blood destroyed and are in better condition to stand the disease.

The asthenic variety is engrafted on one with a pernicious malaria cachexia; one who is debilitated, weakened, his liver and spleen have been out of order for quite a while; he has been dragging around probably treating himself with something very mild, or nothing at all; he has chronic malaria, and it is simply destroying his blood, his life; he has malarial fever, and maybe several days before the characteristic urine is passed his excretory organs are functioning below normal, and on passing the characteristic urine the discoloration of the skin begins. In the asthenic variety his temperature rises slowly, rarely going above 103 degrees F., then falls a little and runs a more or less continued course for several days, gradually reducing as he improves. In the sthenic cases he has his chill, and the haemoglobin is passed by the urine; his temperature rises rapidly, and may go very high, then may drop to normal or below, as if the ending of a chill, but relapses are very common if another shake or chill should come on.

In most cases of haemoglobinuria patients, if elimination is completed in a sufficiently short time, and excretions kept in an active condition, you will soon have your patient convalescing, but should a relapse occur your patient is in a worse condition than with the first attack, and as the parasites or plasmodia found to be associated with this form of malaria is the aesturo-autumnal parasite, an attack or relapse could probably be avoided by proper treatment with purgatives, diuretics and anti-malarial tonics.

The treatment of haemoglobinuria is a subject which admits of much discussion, especially as to giving of quinine. My treatment has been purgatives and diuretics, and at times quinine, mostly in the form of Warburg's Tr. in tablet form.

I administer calomel, or calomel, with other vegetable cathartics for the first few hours, then alternate with hyposulphite of soda, 30 to 60 grs., as the case demands and keep up active purgation, using in the meantime diuretics, most any kind that will act on the kidneys and not increase the already inflamed condition. Spts. nit. ether and acetate pot. is very good. I use a tablet as a rule of powdered cubeb 3-4 grain;—ferrous sulph. 1-5 gr.; copaiba mass, 1-2 gr. deod, vinire turpentine 1-4 gr., oil santal 1-4 m.; oil gaultheria 1-120 m. I find this readily taken by most patients and easily retained, and have even had suppression when using it. This treatment is to be kept up until elimination is complete and convalescence fairly begun. If treatment is not very active at the outset and the haemoglobin and other poison debris is left in the system a sufficient length of time the malaria will die, as you might say, from its own poison, and you will have no use for quinine; but if the treatment is very active the system cleansed, in a very short time, you will notice indications of malaria, and if not met with anti-malarial treatment you will probably have a relapse in a few days, and your patient

will be too emaciated and run down to stand the second attack.

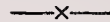
When the fever is very high I use a compound of acetanilid with brom sodii and caffein. This I prefer to cold baths, as it helps to eliminate a certain amount of toxins by the skin and is also a stimulant and nerve sedative. Stimulants are often necessary and strychnia, digitalis and nitroglycerine all take their place as indicated. Very often in the asthenic variety, I use tr. nucis, tr. aconite and Fowler's solution, as indicated. In the sthenic variety you may need after temperature falls, hot drinks, strychnia, atropine and digitalin.

For the shakes or rigors, I have used hot ginger with success, giving relief to the patient.

For convalescence after fairly in progress use iron, quinine with aconite.

Much could be said along this line, as all the indications are to be met and no set rules of treatment could be laid down, as rarely ever any two cases require the same treatment. But never give morphine or any opiates if you can possibly avoid it, for you are likely to have suppression of urine from a single dose. Should suppression or anuria threaten, you could use cupping, leeches, or hot packs, etc., as indicated, about the loins and lumbar region; also saline solution, is highly recommended.

One able to bear the expense should be sent out of malarial district until frost, etc. Those not able to go should be cautioned as to exposure, and given nourishing diet and tonic treatment.



ANTHRAX OF THE POST NASAL SPACE.

(By Dr. C. C. Stephenson, of Little Rock.)

I did not write a paper in this case as I expected to do from the fact that the case did not terminate in my hands. But, it is of such unusual occurrence, that I would like to report it anyway up to the time that it left my hands and went to St. Louis.

A young lady about twenty-three or twenty-four years of age, very frail, presented herself at my office about three weeks ago complaining of a sore throat. On an examination of her throat, her tonsils showed some slight inflammation, and I supposed she had just a trivial tonsillitis. I did not think it would amount to much. I prescribed a very simple gargle for her. In fact, I regarded it so trivial that I did not give her any special instructions about keeping herself in. But, the next day she returned with fever. Instead of there being an inflammatory condition of the tonsils, the tonsils were covered with white patches on both sides extending up and down the soft palate in the post nasal space. I suspected diphtheria. I at once secured some of the membrane and had a microscopical examination made, and to my great surprise the microscopist told me that she had anthrax, and requested another specimen. I procured another specimen the next day, and the examination showed the *bacillus anthracis* in numerous quantities. Then the microscopist made

a culture, and the culture reproduced bacilli anthracis again. He made in all about half a dozen examinations. On the third day, a necrotic process set up in the turbinal bodies. Pieces of turbinal bodies would be hawked out anywhere from very small bodies up to the size of a grain of corn. I say necrotic, but I didn't know whether it was necrotic or just simply exfoliated. It did not look like dead tissue to me. It had every appearance of being alive. Just simply cut out; it looked as though it was cut with a knife. She would hawk out three or four dozen of those pieces every day. She began to suffer intensely with pain in her head. As she described it, from her shoulders up. Her temperature stayed up from about 11:00 o'clock in the morning until perhaps 10:00 or 11:00 that night, when it would go down to normal. She was placed on purgatives, quinine and iron, and local applications made up into the post nasal space. I used enzymol, thinking perhaps that I might accomplish something that way with an ordinary douche. I did so, and used it every hour. I got no results from it. Then I used boro-glyceride with 20 gr. of tannic acid to the ounce applied directly in the post nasal space with an applicator tipped with cotton. That produced no results. Then I used a solution of formalin, using 3 dr. of formalin to 4 oz. of water. Cocainizing the parts fully, I made an application of the formalin direct. That seemed to stop the necrotic process, or the exfoliated process, which I believe would be the better term. Then, her sister, who lives in St. Louis, came down and insisted upon her going to St. Louis. All of the time, during the ten days while she was under my treatment, she never went to bed. I forgot to mention, however, that I gave her every day 20 c. c. of streptolytic serum, but don't believe that it produced any result at all; none that I could see.

The rarity of the case is the only thing that

prompted me to report it to this society. I never heard of a case of anthrax in the post nasal space. In fact, the text books all speak of anthrax in the liver, lungs, spleen and on external parts, but they don't say anything that I have been able to find, about it being an infection occurring in the post nasal space. I tried to trace this down to where she got it. I found that her father had anthrax all over the left arm. The whole arm was broken out when she came to me. I brought a little piece with me that she hawked out. They are curiosities. I requested her, as soon as she got to St. Louis, to go to a microscopist there and have an examination made. I received a letter the next day from the specialist from St. Louis asking me to give him an outline of the case, and I wrote and told him about what I have told you all here, and requested him to give me his treatment and his idea about it, so that I might embody it in a report to this society, but up to the present time I haven't heard anything from him. I don't know whether the young lady is alive or dead.

DISCUSSION.

Dr. Canfield: Were there any symptoms of blood poisoning?

Dr. Stephenson: No, there was no systemic infection at all; purely a local affair.

Dr. Mann: I appreciate the report. I want to congratulate Dr. Stephenson from the fact that he studied this case very carefully. I believe if this case had fallen possibly into the hands of some one else, it might have been that we would have had no culture, or something like that. We would have treated it along, our case might have gotten well, and we would never know what was the matter. I want to congratulate Dr. Stephenson on looking into it. I believe the successful practice of medicine depends on going to the bottom of every case and in knowing exactly where you are.



THE JOURNAL

OF THE Arkansas Medical Society

Owned and Controlled by the Arkansas Medical Society with
no Other Proprietary or Business Interests Whatever.

PUBLISHED MONTHLY, Price, \$1.00 a Year in Advance.
Single Copies 10 Cents.

Published on the fifteenth of each month under the
direction of the Committee on Publication.

Entered as Second-class matter, June 21, 1906, at the
post office at Little Rock, Arkansas, under Act of Congress
of March 3, 1879.

All communications to this Journal must be made to
it exclusively. Communications and items of general interest
to the profession are invited from all over the State.
Notices of deaths, removals from the State, changes of
location, etc., are requested.

Our readers are requested to send us marked copies of
local newspapers containing matters of interest to mem-
bers of the medical profession. We shall be glad to know
the name of the sender in every instance.

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MAY ISSUE OF THE JOURNAL.

We desire to take occasion to say that
the May issue of the Arkansas Medical
Society will be published on the first day
of May instead of the 15th. Copy for that
number must be in the hands of the printer
not later than the 27th day of April; as
it will take from ten days to two weeks to com-
plete and bind the volume which closes with
the May issue. In view of this fact, the
May issue will come out as stated. Let all
who have items for the May number send
them in promptly, if possible, to reach this
office not later than April 28th at the out-
side.

—X—

WRITE FOR OUR JOURNAL.

The Secretary has received a marked copy
of the Journal of Tropical Medicine and
Hygiene, published at London, England. We
read with pleasure an able article from our
friend, Dr. W. H. Deaderick, of Marianna,
entitled "Notes on the Occurrence of Hymen-
olepsis Nana in the United States." This
article shows investigation on the part of
Dr. Deaderick, and elicits an editorial notice,
but why not contribute to your own Journal?
The Journal of the Arkansas Medical Soci-
ety belongs to the members of the State
Society and all should help make it a
success. The Journal will be glad to publish
articles from our members.

—X—

TO OUR COUNTY SECRETARIES.

Once more we beg to remind those who
have not sent in their reports to do so at
once as it is impossible to close our books
until your reports are received, and it is
impossible to make our report to the State
Society with your report still in your hands.
If we were to make up our report and close
our books, and then receive your report af-
terwards, it would necessitate a change in
both, and perhaps in several instances foot-
ings would have to be changed and the addi-
tions gone over and verified, which would
only mean more work for the Secretary, that
ought to have been avoided.

Please make up and send your report at
once, if you have not already done so. Par-
don us for reiterating our request, and
accept this in the kindly spirit in which we
assure you it is written.

WELTMER AND THE ARKANSAS LEGISLATURE.

The medical profession has witnessed many strange sights. They have seen the unexpected happen in numerous instances, but they had no good reason to anticipate that a body of the most intelligent men, comprising all the professions from the law down, would receive a visit from the most notorious charlatan in the United States, and accord a patient hearing to a lecture from this arrant quack, Weltmer, of Nevada, Mo. For two long hours our representatives and senators listened to a harangue delivered by this king of frauds, in advocacy of a law legalizing magnetic healing in Arkansas! They were assured that should the great State of Arkansas pass an act allowing this cult to obtain a foothold, he would at once erect an "institute" in this city.

What is our duty in this case? We must admit that this question is hard to answer. If we oppose the passage of this measure, it is more than likely that it will pass. If we sit idly by and suffer it to pass without protest, we shall most likely be accused of not discharging our duty to the public, which we will not be doing. We are the guardians of the public health: but how can we conscientiously go before our legislators and show them what is best for the public health and receive in return a slap in the face? How can we conscientiously as taxpayers, as citizens of the State, as a profession of liberty loving physicians, claiming to be friends of all, go before our legislature and protest against the passage of this bill, when we know that this same body of men has turned a deaf ear to our cries and have passed as of no consequence our vigorous protest against fraudulent nostrums and listened attentively to the protests against the passage of the Patterson-Black patent medicine bill, made by the promoters of these frauds, and manufacturers of nostrums all over the United States, who are building up their business by sucking the life blood of their innocent victims, vampire like?

Can we as a medical profession go before our representatives and senators and point out to them what is best for our civilization and the public generally when we know that such are the conditions under which we shall

be handicapped? We must do our duty though, unflinchingly. If we fall, we must fall with our faces toward the enemy. It is better to die in the charge than to be shot in the back. So, without being accused of being sore or sour, once more we shall appeal to our law-makers not to jeopardize the health of the citizens of Arkansas by legalizing the practice of magnetic healing.

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THE AMERICAN MEDICAL DIRECTORY.

After two years hard work, which has been of the most painstaking and exacting character, we have before us a copy of this magnificent work, consisting of 1,428 pages—exclusive of advertising matter. For the first time in the history of organized medicine, we have a directory by the profession and for the profession, which can be relied on as being as near accurate as human investigation can make it. This work should be in the hands of every member of the profession, and the sale should be prompt, so as to give an encouraging view of the undertaking which has been expensive. Dr. Simmons and his co-workers are to be congratulated on the magnificent success of their product, and the medical profession is to be congratulated on having such an accurate guide. This directory is a splendid effort.

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ELECT OFFICERS.

At the recent meeting of the Howard County Medical Society at Nashville the following officers were elected: C. W. Wright, president; E. M. Black, vice-president; W. H. Toland, secretary; D. A. Hutchinson, delegate to State meeting; J. M. Daly, alternate.

—X—

PHYSICIAN LOSES LICENSE.

The license of Dr. O. S. Burrow of Hot Springs, to practice medicine was revoked and a fine of \$100 was assessed against him by a decision rendered by Police Judge Bentz. Several weeks ago Dr. Burrow was arrested on the charge of employing drummers. The case was tried last week, but the judge reserved his decision until March 16.

THE GREENHAW BILL.

Mr Greenhaw has introduced in the Senate a bill which has passed that body and is now before the House Committee, regulating the sale of patent medicines, providing for adulteration, etc. This bill is practically a re-enactment of the National Pure Food Law. This provides for the publication on each package of the names of the ten articles so specified as the habit-forming drugs. This bill may be considered a step in the right direction, but, at the same time, it can also be looked upon as very little better protection against the sale of that class of remedies which are fraudulent when the nostrums do not contain the above named remedies.

How will the National Pure Food Law suppress the sale of Hydozone, Liquozone, when not a single ingredient of Liquozone, or Hydrozone is mentioned in the list of articles shown in the Pure Food Law? How will it suppress the sale or challenge the merit of hundreds of others like them? In no way can the Pure Food Law hinder the sale of such blatant frauds as do not come under the above mentioned schedule of drugs. We feel sure that barring out these ten drugs, the Greenhaw Bill, so far as suppressing the sale of frauds is concerned, will amount to practically nothing. Although the druggists committee have advocated its passage, the medical profession in turn, accepting its defeat in the passage of the Patterson-Black patent medicine bill, still believes that the Greenhaw bill will not hinder to any great extent the "Great American Fraud," when it is fully realized that it will not any way meet the conditions in any sense as efficaciously as would the Patterson-Black bill, in suppressing the sale of frauds. This bill not only contained the Pure Food Law, but took in the nostrums also. In other words, it was a drag net that caught everything.

The medical profession is charitable; it is willing to take a half-loaf when it cannot get a whole one; and we wish our druggist friends to understand that we are not going to fight back; we are not going to retaliate, but will accept the Greenhaw bill, should it pass, rather than have nothing.

VISITORS FROM ABROAD.

At our next State meeting the following prominent members of the profession will be

with us and read papers: Dr. John A. Wyeth, New York; Dr. Bransford Lewis, St. Louis; Dr. Fenton B. Turck, Chicago; Dr. Frank A. Jones, Memphis. Programs will be mailed to each member as soon as printed.

—x—

MEDICAL INTERNE (MALE)—GOVERNMENT HOSPITAL FOR THE INSANE

JUNE 13-14, 1907.

The United States Civil Service Commission announces an examination on June 13-14, 1907, to secure eligibles from which to make certification to fill at least five vacancies in the position of medical interne (male), at \$600 per annum each, with maintenance, in the Government Hospital for the Insane, Washington, D. C., and vacancies as they may occur in any branch of the service requiring similar qualifications. Address U. S. Civil Service Commission, Washington.

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PROGRAM.

Of the Fourth Annual meeting of the Philippine Islands Medical Association, held in the library of the Bureau of Science, Calle Herran, Manila, February 27, 28, March 1, 2, 1907.

Officers for the year 1906-1907: President, Paul C. Freer; Vice-Presidents, William E. Musgrave, Ariston Bautista; Secretary-Treasurer, Robert E. L. Newberne; Councilors, John R. McDill, for five years, Richard P. Strong, for four years, Victor G. Heiser, for three years, John Maye, for two years, Charles F. Craig, for one year; Ex-Presidents, Richard P. Strong, John R. McDill, Edward C. Carter, Victor G. Heiser.

—x—

FROM HOWARD-PIKE COUNTY MEDICAL SOCIETY.

Dr. C. C. Stephenson,

Dear Doctor:—Enclosed I herewith hand you report of the Howard-Pike County Medical Society. Also check for \$22.00 in payment, of annual dues to the State Medical Society.

Our society has taken on new life and energy, and we are now meeting semi-monthly and pursuing the post-graduate course as recommended by the great Dr. McCormack.

Yours truly,

W. H. TOLAND, *Secretary.*

IMPERFERATE ANUS.

On March the first, 1907, I was asked by Dr. Rice of Gentry, to see with him a baby; a white male child, age thirty-six hours. Dr. R. had made the diagnosis of imperforated anus. Conditions found on examination: a well-nourished, strong and lusty infant, well formed with the exception noted, the child was passing meconium per urethra in liberal quantities, indicating the existence of an opening between the rectum and urinary tract at some point.

There was no indication of an anal opening, the perineal raphe extended from the base of the scrotum to the coccyx, where the anal opening should have existed. There was a small elevation or rather thickening of the raphe; no depression was found to exist.

Dr. Rice had made an incision but had not found the rectum. We proceeded to dilate the incision by the finger supplemented by a Goodel's uterine dilator; found the lower end of the gut at least one and one-half inches above the incision. The lower end of the bowel was grasped by a forcep, but no traction made until all the adhesions were broken by the finger; the gut was gradually brought down to the incise opening. On the opening of the bowel which was closed, there was an enormous amount of meconium escaped. After cleansing the parts as well as possible the edges of the rectal margin was stitched to the skin of the incision, care being taken to bring the mucous membrane of the bowel in contact with the skin; an interrupted cat gut suture was used. After cleansing the field we inserted a rubber tube and dressed the parts with plain steril gauze covered by absorbent cotton. The dressing was held in place by a snug-fitting diaper. Recognizing the fact that frequent changes would have to be made of dressings, and the patient being at least seven miles distant from Dr. Rice's office, we instructed the nurse and parent in the art of aseptic dressing as best we could, leaving them a supply of dressing material for the purpose of changing as the dressing became soiled. In dragging down the rectum to the incision the opening between the gut and the urinary tract was effectually closed as there has been no further discharge of bowel contents through

the urethra. Communications between the imperforated rectum and adjacent organs are said to be quite frequent, all the adjacent viscera, the bladder, urethra, vagina, and womb have in different cases reported been thus connected. In this case I believe the opening to have existed between the gut and urethra probably in the membranous portion. My reasons for thus believing are as follows: during the examination of the child it passed quite a quantity of meconium through the urethra followed by the free discharge of clear urine. If the opening had existed between the gut and bladder the urine and bowel contents would have been mixed or the meconium would have followed the urine.

Frequency of the above noted malformation.

Goudy in an experience of five hundred births saw three cases; Collins of Dublin, one case in sixteen thousand births; Zohre of Vienna Maternity Hospital, reports two cases in fifty thousand births; in the Paris Maternity Hospital from 1871 to 1885, there were five cases in twenty thousand six hundred births; in the Cochin Maternity Hospital of Paris, reports one case in ten thousand five hundred and seventy-two births, and Starr estimates that this malformation occurs once in ten thousand births.

DR. J. W. WEBSTER,

Siloam Springs, Ark.

The child at this writing is growing nicely and doing well, and two weeks old. The child has been doing well in every respect except it has been passing meconium by the urethra for the past ten days. Case has gone from under my care to their home at Muskogee, I. T. This is the 30th day of March, 1907.

DR. C. A. RICE.

—X—

ITEMS FROM BOONE COUNTY.

Society met in Harrison, April 2. Elected Drs. F. B. Kirby, president; Geo. Elam, vice-president; H. L. Routh, treasurer; L. Kirby, secretary; A. J. Vance, librarian. Papers were read by Dr. Baines—Case Pneumonia, recovery woman 89 years of age; Dr. Vance—When to operate in Appendicitis, Dr. D. L. Kirby—Symptoms and Diagnosis Appendicitis.

IS THIS "THE PARTING OF THE WAYS?"

And Abram said unto Lot, let there be no strife, I pray thee between me and thee and between my herdmen and thy herdmen; for we be brethren.

Is not the whole land before thee? Separate thyself from me. If thou wilt take the left hand, then I will go to the right, or if thou depart to the right hand, then I will go to the left.

In reviewing the patent medicine situation, of Arkansas, we are constrained to reiterate our question and ask, is this the beginning of the end? What we shall say will be with ill will toward none and charity for all. Speaking advisedly, we believe that the members of the Arkansas Medical Society have been misunderstood by our brethren of the State Association of Pharmacists in the stand taken by our organization for the passage of the Patterson-Black patent medicine bill. The situation reduced to its last analysis and after crystalization means only one of two things: That is, that the physicians of the Arkansas Medical Society urged the passage of this bill for the welfare of the general public. To be sure no doctor can justly be charged with a mercenary motive, while a few hundred druggists working might and main against the passage of this bill means nothing more nor less than a mercenary motive, regardless of the welfare of the public. In other words, the Arkansas Medical Society used its influence for the betterment of conditions. The members of the State Association of Pharmacists opposing this bill, did so for the purpose of filling their coffers. We realize that this may be considered a broad assertion, yet facts are facts, and sometimes they are stubborn things to face; and it may be possible that it is better to regret that a fact is a fact in its signifying sense, than to evade or discredit it to suit any individual.

The Patterson-Black patent medicine bill was practically all written by Dr. O. L. Williamson, of Marianna. Parts of it are taken from Mr. Bok's bill, as published in the Ladies' Home Journal, and a part taken from the National Pure Food Law, part of it from the New Jersey law and part from the North Dakota law.

The Committee of the Arkansas Medical Society on Medical Legislation met and conned over this bill, and concluded it would

be better to call into our confidence such members of the State Association of Pharmacists as we could reach here in Little Rock. To this end Dr. J. B. Bond, Messrs. L. K. Snodgrass, A. W. Stahel and J. F. Dowdy were invited to meet with us; and after coming together for consultation another meeting was called. At both of these meetings our drug friends were with us and we agreed upon this bill. We decided that to give more weight to the bill that each one should endorse it over his own signature. To our chagrin, when this bill was read protest after protest came pouring in from the manufacturers of patent medicines, fraudulent and otherwise, to the drug trade of Arkansas; and, as Dr. McCormack said in his lecture: "they drove the druggists with a blind bridle," and we verily believe this to be true. Following these letters, petition after petition came in from the country druggists importuning their representatives not to pass the Patterson-Black patent medicine bill. Telegram after telegram was sent by the manufacturing concerns all over the United States, and letters written to the druggists and newspapers, importuning them to telegraph or write representatives and senators at their expense; and, we were informed by a trustworthy traveling representative of a wholesale drug house, who travels extensively in this State, that more than one hundred thousand dollars was spent in Arkansas by the manufacturers of patent medicines, to defeat this bill.

The House Committee and Senate Committee held a joint meeting at which the medical profession was represented by Dr. O. L. Williamson, of Marianna. After hearing us they heard the druggists and we thought that the matter was settled; but later they had a man by the name of Douglas, who came here from Chicago with other representatives, so we were informed, to champion the cause of the patent medicine industry of the United States. Everything was done that could be done by the patent medicine manufacturers of the United States, by the retail druggists of Arkansas and by the wholesale druggists of Arkansas, and one of the leading newspapers, at least, of Little Rock to defeat this bill. In fact, the Arkansas Democrat of this city, so far forgot itself in its greed for gold to advocate the fallacious idea that a law should be passed compelling the doctors to write their prescriptions in English, and

that same should be pasted on each bottle when so required by the patient. It was made to appear to the medical profession of Arkansas that this did not represent the sentiment of the druggists of Arkansas. Be that as it may, the Secretary took occasion to send word to the man who was behind this move that the doctors would not fight it. We would certainly make it hot for the druggists if such a law passed. We would either quit writing prescriptions or would request every patient to demand that his prescription be placed on the bottle, thus taking away our prescription business from the druggist on the one hand, or adding to their labors on the other. In less than one hour's time the Secretary was assured that this amendment would be killed.

And it was.

The Arkansas Democrat had a leading editorial against the passage of the Patterson-Black patent medicine bill, and advocated the defeat of the bill.

Some of the druggists so far forgot themselves as to actually assail the members of the committee on medical legislation and the medical profession as a whole, not only through the public prints, but went so far as to print hand bills and distribute same, placing copies on the legislators' desks: To this the medical profession did not retaliate.

But, now to the point. Are the doctors, the conservators of the public health of Arkansas or the manufacturing chemists together with the retail druggists and newspapers? Who is entitled to be in the saddle? To be sure the medical profession acknowledges its defeat in this matter; but we went down in defeat without spending a dollar; we went down in defeat in the cause of right; we went down in defeat in opposition to fraud; we went down in defeat trying to preserve the health and lives of our fellow citizens.

Is there anything for the manufacturers, retail druggists, or the newspapers to crow over when they unfurl their banners of success? Can they fire guns of victory with a clear conscience? Can they proclaim from the housetops: "We won," and still not feel some remorse? Better that business be ruined than that it prosper by reasons of sales of fraudulent stuff. Better the newspaper lose its patronage than publish advertisements of known frauds; better the doctors of the State pay newspapers double

price for subscriptions and have the objectionable advertising cut out; better for the doctors of the State to unite, hand in hand with the druggists, push the business up hill in every way commensurate and commendable, than have him build it up on the sales of fraudulent nostrums. It is conceded that the profession of pharmacy is an allied profession and that as such, the doctors will find it difficult to do without the druggists. But be it understood, once for all, that the doctor can get along better without the druggist than the druggist can get along without the doctor.

The medical profession never had one single idea of hurting any druggist in advocating the passage of this bill. The only motive behind this bill from the viewpoint of the medical profession was to eliminate the sale of frauds in Arkansas, and not to prohibit the sale of a single good so-called patent medicine. It is admitted by the medical men that there are some good remedies among the patent medicines, but these good remedies (?) we believe would stay with us, and not withdraw from the State because they were obliged to publish a schedule of their ingredients.

No so-called patent medicine has ever suffered so far as we are informed, by placing such schedule on its bottle. The matter as it stands today, has resolved itself into this proposition. The medical profession prefer that they shall be counted as the friends of the druggists, and we wish to count the druggists as our friends, but plainly and emphatically the truth must be told and advocated, The Journal of the Arkansas Medical Society believes and urges that every county medical society in the State of Arkansas should invite members and non-members of the Arkansas Association of Pharmacists to meet with them and go over the ground in a heart to heart talk, and understand one another, and without strife, but in a business like way. The druggists should be asked by the medical societies if they intend to continue to antagonize the principles advocated by the medical profession for the betterment of conditions generally. They should be asked if they intend to continue counter-prescribing; they should be asked if they expect to continue to build up trade on the sales of nostrums; in other words, they should be asked if they expect to be the friends of the medical profession, and wish their influence

and patronage, or if they are going to follow the advice of the patent medicine concerns of the United States. They should be asked if they will desist from refilling prescriptions in any case without first obtaining the consent of the physician so prescribing. They should be informed, in case of satisfactory answers that the medical society of such county is not only willing, but it will be their pleasure not to furnish any medicines, but send all their prescription to the druggists and in every way use their influence to uphold the business of such druggists, and help them along in every way honorable, upright and feasible. If such druggists refuse to give satisfactory replies to these inquiries, then the parting of the ways has come; the beginning of the end is here. The medical society to a member should refrain from ever writing another prescription, but furnish their own medicine in every case in which they are called to attend and treat, allowing the druggist to either take the left hand or the right, as they may choose; but in any event, "let there be no strife between us."

The newspaper editors should also be requested to meet with the societies, and the matter plainly stated to them, and show them in a kind but businesslike way, the damage they are doing by publishing the advertisements of fraudulent nostrums. In some cases actually carrying advertisements of indecencies which ought not to be permitted in any household. They should be encouraged to leave off such advertising, and so far as the medical profession is concerned, it should advocate, among the laity, a raise in the subscription price of such paper, and also in the rate charged for advertising that would compensate them in a measure for the loss in advertising that they would sustain in leaving out the advertisements referred to.

We verily believe that the druggists and newspapers and members of the Arkansas Medical Society can bring about a change in this State that will not only be wholesome, but that all can point to with pride. It is said that there is not a quack doctor in the State of Kentucky; that a physician in the State of Kentucky is not allowed to publish any interviews concerning their connection with a given case; they are not allowed to publish any advertisement, but all are on an equal plane, and the same footing. Where is the true phy-

sician who would not rather go down in his pocket, and who would not raise his subscription price rather than see his name flaunted before the public as being connected in any given case in which the laity has no concern?

We trust that this matter can and will be amicably settled, but we insist that the members of the Arkansas Medical Society are in the right, and deep down in the hearts of our opponents when they face the facts, they are bound to admit that the conservation of the public health is more commendable than the accumulation of filthy lucre.

Let us all meet together and talk these matters over, and understand one another, but if such understanding cannot be satisfactorily reached, then there is only one thing left for the doctor to do, and that is, for him to let his opponents choose either to the right or to the left, and go in opposite directions, supplying his patrons from his own stock.

This article is written, not in a spirit of animosity, and is not to be so considered. We are not waging war on the druggists, but this must be looked at as a business proposition, pure and simple. There is no necessity of the two professions to separate, but when it comes to a matter of right, the medical profession must stand for what it conceives to be for the best interest to the public, as a whole, regardless of druggists, newspapers or any other class.

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DR. J. S. CORN DEAD.

Just as we go to press Dr. F. A. Corn, of Lonoke, informs us of the sudden death of his brother, Dr. J. S. Corn of Nashville. Dr. Corn was 57 years of age and in apparent good health and was out on a camp hunt, about 25 or 30 miles from home. He complained a little on the night of the 3rd, and on the morning of the 4th started out from camp and became violently ill. He died in his buggy while being driven home. Dr. Corn was a graduate of Vanderbilt (Medical Department), Class 1880. He had been identified with the Arkansas Medical Society many years, and will be sadly missed, as he was always punctual and took an active interest in organized medicine. He was one of nature's noble men.

PERSONAL.

Dr. J. L. Powell, of Springfield, has removed to Russellville.

Dr. E. M. Thompson, of this city, has removed to San Angelo, Texas.

Dr. W. B. Hughes, of this city, recently returned from Mexico, where he spent two weeks with one of his patients.

Dr. G. E. Penn, recently removed from Marvell to this city. He left March 24, to take post-graduate work at Chicago.

Dr. W. N. Stewart, of this city, has just returned from a trip to Texas, where he went on professional business, remaining there two weeks.

Dr. F. T. Murphy, of Brinkley, Secretary of the State Board of Medical Examiners, was in the city a few days ago.

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APPROACHING NUPTIALS.

Mr. and Mrs. W. A. Johnson request the honor of your presence at the marriage of their daughter, Edith Olivia, to Dr. Oleander Howton, Wednesday afternoon, April 17th, 1907, 4 o'clock, at the home of the bride's grandparent's, Mr. and Mrs. W. P. Hale, Osceola, Arkansas. At home after May 1st.

The above invitation has been received by the Secretary. We wish this worthy couple all of Heaven's richest blessings.

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DR. R. D. C. DOOD DEAD.

Mena, March 28.—Dr. R. D. C. Dood, an old citizen of this county, dropped dead Tuesday afternoon of heart failure while at work. He has lived in this county for a great many years and practiced medicine for a long time, but in late years has farmed and preached as a local preacher of the M. E. church, South. He has taken a great interest in the temperance work, stumping the county a number of times in the interest of local option. He has made the race twice for representative before the Democratic primaries, but was not successful.

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DR. ANDERSON PLEADED GUILTY.

Dr. James Anderson of Hot Springs, pleaded guilty of violating the local anti-drumming ordinance and a fine of \$25 was assessed by the police judge. In addition, the doctor's license was revoked.

CRAWFORD COUNTY MEDICAL SOCIETY.

DR. McCORMACK AT CEARCY.

Questions for March 28th. Meeting at Mulberry.

1. Describe how Amyl Nitrate is made, its physiological action and uses.
 2. Define Bell's Palsy and give treatment.
 3. Name the kinds of joints in the human body.
 4. What is Avogadro's law
 5. Describe Demodex Folliculorum.
 6. Alopecia Areata, its causes and treatment.
 7. How is collodion made?
 8. How is gun-cotton made?
 9. What per cent of muscle is liquid?
 10. How much saliva is normally secreted in an adult?
 11. Describe Romberg's sign and give its significance.
 12. What is arterio-sclerosis?
 13. Name some disease in which this condition exists?
 14. What are the best means of preventing this condition?
 15. What is its treatment?
- Dr. Reaves, essayist.

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LONOKE COUNTY MEDICAL SOCIETY.

Dr. C. C. Stephenson,

Dear Doctor:—At the last meeting of the Lonoke County Medical Society the following officers were elected for the ensuing year: President, Dr. W. S. Turner, Blakemore; Vice-President, S. S. Beaty, England; Secretary and Treasurer, O. D. Ward, England; Board Censors, three-year term, Dr. C. C. Reed, McGregor; Delegate to State Society, Dr. S. A. Southall, Lonoke.

Enclosed find check for \$2.00 as dues to the State Medical Society for Dr. C. C. Reed.

Please place the doctor's name on the roll for the Journal of the Arkansas Medical Society. With best wishes for the "Journal" I remain

Your truly,

O. D. WARD,
Sec. L. C. M. S.

POPE COUNTY MEDICAL SOCIETY.

Dr. C. C. Stephenson,

The Pope County Medical Society held its regular quarterly meeting in Russellville on the 21st inst. The meeting was an interesting one, and all present enjoyed the presence of J. S. Westerfield of Conway Arkansas, and Councilor for the 8th District. The doctor is an all-round society man of that type which gives life to a medical society. So come again, doctor. The Society elected officers for the ensuing year as follows: J. M. Campbell, M. D., Russellville, Ark., President; R. M. Drummonds, M. D., Russellville, Ark., Vice-President; Lewis Gaddy, M. D., Atkins, Ark., Secretary and Treasurer; Delegates to Arkansas State Medical Society, J. M. Campbell, M. D., Russellville, and W. A. Montgomery of Atkins, Alternate.

Board of Censors: Ed Truett, Dover, Ark., three years; W. A. Montgomery, Atkins, Ark., two years; R. M. Drummonds, Russellville, Ark., one year.

Committee on Public Health: Ed Truett, Dover, three years; R. W. Darr, Atkins, two years; R. L. Berryman, Russellville, one year.

The society adjourned to meet again in Russellville on the 3d Thursday in June, next.

Faternally submitted,
LEWIS GADDY,
Secretary.

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SEVIER COUNTY MEDICAL SOCIETY.

Dr. C. C. Stephenson,

Dear Doctor:—The Sevier County Medical Society met at Lockesburg, Ark., March 12. Eleven doctors were present and a splendid program was rendered. All the doctors took a lively interest and as usual the Lockesburg doctors' treated the society to a fine dinner served at the Locke hotel. Drs. Chas. A. Archer and W. A. Miller were elected to membership in the society. Dr. F. T. Isbell was elected a delegate to the State Society and Dr. W. S. Lindsey as alternate. The delegate was instructed to vote for a return to the old plan of a Bulletin and bound volume instead of the Journal as we now have.

Yours truly,

W. L. LINDSEY,
Sec. Sevier Co. Med. Society.

The Secretary regrets exceedingly the action of Searcy County Medical Society in

giving instructions to their delegate "to vote for a return to the old plan of a Bulletin and bound volume instead of the Journal as we now have." This is a step backward. Better vote to make our Journal better, and progress with our sister States. We have given our best efforts to produce a Journal in every way acceptable to our members, and no one knows the vast amount of labor required on a Journal of this character. Only one who has done similar work, and our efforts speak for themselves, but if our Society prefer a return, no one will more readily acquiesce. Let's, however, make the Journal better instead of taking backward steps.

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PROGRAM.

Of the Sixth Semi-Annual meeting of the Third District Medical Society of Arkansas, Brinkley, Ark., March 11 and 12, 1907.

MONDAY, MARCH 11.**FIRST SESSION—2 O'CLOCK, P. M.**

Call to order.

Roll Call.

Reading of Minutes of Last Meeting.

Address of Welcome.

Mayor T. H. Jackson.

Response.

President W. W. Hipolite.

Address.

Dr. J. N. McCormack, Bowling Green, Ky.

EVENING SESSION,—8 O'CLOCK.

Address to Public.

Dr. J. N. McCormack, Bowling Green, Ky.

Reception 9 to 11 p. m.

TUESDAY, MARCH 12.**THIRD SESSION—10 O'CLOCK, A. M.**

Call to order.

Report of Secretary.

Report of Treasurer.

Registration of Members.

1. Ophthalmia Neonatorum, C. C. Stephenson, Little Rock, Ark.

2. Report of some cases of Rectal Ulceration and treatment by Country Practitioners, S. A. Southall, M. D., Lonoke, Ark.

3. Hæmorrhage of Middle Meningeal

Artery, Wm. Britt Burnes, M. D., Memphis, Tenn.

4. Adherent Pericardium with especial reference to Mediastino Pericarditis, J. B. McElroy, M. D., Memphis, Tenn.

5. Some thoughts relative to Health Protection, C. H. Trotter, M. D., Helena Ark.

6. Acute Infectious Diseases as a cause of Otitis Media, Richmond McKinney, M. D., Memphis, Tenn.

7. Some of the causes of Ascites, Frank A. Jones, M. D., Memphis, Tenn.

TUESDAY EVENING.

FOURTH SESSION—2 O'CLOCK, P. M.

8. The Uterus, its Flexions, Versions and treatment of each, E. A. Rendall, M. D., Marvell, Ark.

9. Points of interest in Cases Operated upon before the Class, Memphis Hospital Medical College, Frank D. Smythe, M. D., Memphis, Tenn.

10. A Paper, an Address to the Public, E. H. Winkler, M. D., DeWitt, Ark.

11. A Report of Cases, G. E. Penn, M. D., Little Rock, Ark.

12. Malaria Hæmaturia, T. B. Bradford, M. D., Cotton Plant, Ark.

13. Management of Chronic Cystitis in the Female, T. J. Stout, Brinkley, Ark.

Unfinished Business.

Miscellaneous Business.

Announcements.

Adjournment.

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DR. McCORMACK AT PINE BLUFF.

My Dear Doctor:—Enclosed find a fairly good verbatim of Dr. McCormack's address to the doctors and people. The outline he proposes is great if it can only be carried into effect, and will accomplish untold good both to the people at large and material benefit to the profession, placing them where they belong. If all will take half the interest in this work as the Doctor himself, much good can be done, and each little county site can have for itself a post-graduate course. The people will respect the profession. It is my wish that the profession of Arkansas take the advice of Dr. McCormack. Wake up and begin to labor

not as heretofore toward individual gain and financial self-benefit, but unite for the good of a common cause. Educate the masses, the children, who will accept the facts as taught. Once these important facts are grasped in their minds, the masses will legislate for their own protection and in doing so ask the advice of the profession, they have learned to respect and esteem, by the education given them.

The doctor opens vast fields of unexplored territory. Perhaps, if perfected, will and can reach further than the knowledge of vaccination has done.

I hope the profession of my State will grasp this opportunity of great work and assist. There are enough workers in each county to start the work. Let those who are willing come forward, the others will have to follow.

I will mail annual report to you by April 10, and report the action of Jefferson County Society, at that meeting when we will hear report of committee to act on advice given by Dr. McCormack. Kindest personal regards and regret that I did not see you when here.

Yours fraternally,

JOHN D. JENKINS.

Doctor J. N. McCormack of Bowling Green, Ky., one of the most distinguished members of the American Medical Society, made a most favorable impression on a large audience at the Y. M. C. A. auditorium last night, lecturing to an unusually large assemblage of physicians and many others, interested in his present tour of the country. His subject was "Things About Doctors Which Doctors and Other People Ought to Know."

Doctor McCormack is said to be a multi-millionaire. He is touring the country under the auspices of the American Medical Society and in the interest of the advancement of his profession, having given his work a life's study. He attended Goebel, the famous Kentucky official during his illness and was presented with \$10,000 by the Kentucky legislature in appreciation of his services.

Mayor J. L. Caldwell presided last night and together with Doctor Jordan and Attorney W. T. Young, made brief responses. Doctor McCormack vigorously urged the establishment of a state board of health on a sound financial basis and demanded that

immediate attention be paid to the sanitary conditions of the State.

Doctor McCormack is chairman of the organization committee of the American Medical Association and he has been stumping the country for the past five years preaching the doctrine of sanitation and as a side issue decrying certain patent medicines.

Speaking on the subject of a state board of health, he declared it would be worth \$1,000 for every dollar expended. He asserted that this is the only State in the Union which makes no appropriation for such a body and he added that the medical law of Arkansas was not only the last formed, but is now the most imperfect in the United States.

The speaker urged a mass meeting of physicians, lawyers, teachers, clergy and druggists to unite upon a plan whereby the legislature could be impressed with the necessity of an appropriation for the board of health.

Referring to a number of patent medicines, he declared that they make temperance women drunkards and babies morphine fiends before they are weaned.

Sickness Can Be Prevented.

"One-third of the sickness which has occurred in Arkansas and the United States within the last year and every year, was due to diseases which are distinctly and practically preventable," declared Doctor McCormack. "Much has been done by the medical profession to stop this cruel and unnecessary sick and death rate, but the efforts to secure requisite legislation have been constantly met by such popular indifference and opposition as to make efforts in this direction practically ineffectual."

To show his knowledge of these matters, Doctor McCormack pointed to the fact that he has been the executive officer of the State Board of Health of Kentucky for the past quarter of a century; that he has licensed every physician in that State, and for 27 years has represented his profession in the legislature.

Continuing, Doctor McCormack declared that he found the opposition of legislative bodies to efforts of medical men in forming broader lines for destroying diseases, was due to the dissensions and backbiting among the various schools of physicians. This condition, he declared, extended from Maine to California. Recently the movement for

co-operation has had a tendency to bring the medical men closer together. It was this state of affairs among the medical men, he declared, that resulted in the loss during the Spanish-American war of 16 soldiers from preventable disease to one killed in battle. For the same reasons, Doctor McCormack asserted, the work of digging the Panama canal has been delayed. He urged legislative co-operation with trained medical men who have set aside professional jealousies.

Conditions in Arkansas.

Speaking more directly of Arkansas, Doctor McCormack has the following to say: Dr. McCormack continued:

"One-third of the people sick in this State last year, and every year, and one-third of those you took to your cemeteries were sick and died of diseases which your medical profession could and would have prevented if they could have had the intelligent co-operation of your people. You had in this year 2,000 deaths from consumption, which means that you have about 13,800 cases of this disease in your State constantly. The common impression is that this is an inherited malady, but this is an error. No matter what your mother and father died of you can no more have consumption except by getting into your body the germs from a previous case than you can raise corn or wheat on one of your rich Arkansas farms without seed.

"You had 800 deaths from the diseases of children caused by using dirty, adulterated or spoiled milk. We often speak of the slaughter of the innocents by Herod, but he was a novice in the business, as compared with our modern cities. You shudder with horror over the loss of life on the Larchmont and in the New York Central wreck the other day, and properly so, but more babies die needlessly during the hot season than there were people killed in both of these disasters, and it goes on almost without comment. And it would be cheaper for you to inspect the dairies, or sterilize the milk, and save these babies than it would to bury them. You had 300 deaths from diptheria and scarlet fever, all distinctly preventable. You had 900 deaths from typhoid fever during that year.

"In short, during this one year you had 4,000 deaths from these preventable diseases. Now, a State has no more valuable

asset than that represented in its healthy population.

"According to the political economists, to say nothing of the cost of caring for the sick who recovered from these diseases, this represents a distinct loss to your people each year of \$4,000,000, to say nothing of the cost of caring for the sick and burying the dead.

"Your profession has tried for years to secure the legislation which would prevent these diseases, but the average legislator honestly believed that they sought it for their own benefit, not stopping to consider that in so far as doctors prevent sickness they diminish their own income."

Importance of State Board of Health.

Doctor McCormack declared that a State Board of Health, properly financed, is just as important to this State as its Supreme Court. He urged the people to look at these matters in a business light and declared that the establishment of a State Board of Health on a sound basis would be a real saving in taxes, for diseases would thereby be prevented, where at present the cemetery or the pauper's lot is the outcome.

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DR. McCORMACK AT SEARCY.

Dr. C. C. Stephenson,

Dear Doctor:—Dr. J. N. McCormack was here March 13, according to promise, and to say that we enjoyed his visit is putting it mildly. He met the doctors at 2:00 p. m., and had quite a long heart to heart talk with them as to the importance of thorough organization; and in this talk made a strong plea for the admission of the under-graduate into our societies, and also for the admission of doctors from all schools, provided they had license and were worthy moral characters.

He strongly advocated the adoption of post-graduate work at home as well as away; and advised our town society to meet weekly instead of monthly.

He advised us to prepare ourselves to do all minor surgery at home and urged the doctors to co-operate with each other, and be social and brotherly as we all know we should. Owing to the continuous rain in the evening it was impossible for our people to get out in full force for the public lecture, and as he was booked for three speeches

the following day, he decided to defer that until a later date; but under strong pressure made a short talk on the importance of preventive medicine, and the evils of patent medicines. This talk was enjoyed by all present, and at its conclusion was discussed by Congressman S. Brundidge, J. S. Sanford, Drs. J. H. Dye and John B. Grammer.

Our people are looking anxiously for his return and will give him a warm welcome. We feel that his coming was a great blessing to all who heard him.

Fraternally yours,

J. W. JELKS.

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DR. McCORMACK AT TEXARKANA.

To the Editor of the Journal of the Arkansas Medical Association,

Dear Doctor—Dr McCormack's visit to Texarkana and the Sixth District was very beneficial both to the physicians and to the citizens who were fortunate enough to hear his address. The number of physicians who attended exceeded our expectations, while the number of citizens who attended the address was not what we expected. Still it was a representative audience and we all enjoyed the address very much.

This was Dr. McCormack's second visit to Texarkana, so he was not a complete stranger. He came before when he was touring the State of Texas. The afternoon session was devoted to Dr. McCormack's address to the physicians and after his address to the organization of our District Medical Society. There were members from each county society in the district in attendance upon the meeting. There were also a number of other physicians in attendance who did not reside in the district. Dr. McCormack's lecture was along the same lines as the one given before our State Society and other District Societies. To those who had not heard it before it was a great treat and those who had heard it before could not help but derive great benefit from the same.

At the close of his address, the District Society was organized and the following officers were elected:

Dr. C. A. Smith, Texarkana, president, and one vice-president from each county society whose names I do not recall just now. Dr. Adam Guthrie, Prescott, secretary and treasurer.

A resolution was introduced expressing the

society's thanks to Dr. M. L. Norwood of Lockesburg, for the faithful performance of his duty as State Medical Examiner from this district. This resolution was unanimously adopted.

Another resolution was introduced, which carried, that it was the desire of this society that all legal practitioners be eligible to membership in our State and county societies.

The society then adjourned to meet sometime during the fall.

The evening session was attended by a representative audience, though not large. After the address there was a rather free discussion by a number of citizens, among them the mayor, a lawyer and a minister. I am sure that Dr. McCormack's address will live many years in the minds of those who heard it. It is only to be regretted that the doctor cannot deliver his address to a meeting of representative citizens in every county in this State. It would not be necessary for physicians to try to have laws passed to protect public health if this could be done. People would soon realize the need of such laws. It will take a campaign of education to arouse the public sufficiently to have such laws enacted as should be enacted to safeguard human life in Arkansas. The citizens of this State will be willing and anxious to make the needed appropriation for the support of a board of health and such other reforms along medical lines as are needed when they realize the importance of such things. The trouble is that the educational requirements and the medical requirements for a man to practice medicine in this State have been too low and many of our citizens for this very reason have not respected the profession as they should.

Dr. McCormack has possibly done more for the rank and file of the physicians in the United States than any other living man. The seeds which he has and is now sowing will be producing a harvest for generations to come.

R. H. T. MANN.

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DR. McCORMACK AT SILOAM SPRINGS.

Dr. C. C. Stephenson,

Dear Doctor:—As you requested, I send you synopsis of Dr. McCormack's lecture at Fort Smith, March 20th.

The meeting of the 10th District Society was very well attended. Dr. W. N. Yates of Fayetteville was elected president and Dr.

Jas. A. Foltz of Fort Smith, secretary. The next meeting will be in Fayetteville next September.

By the local members adopting a kind of university extension or medical chautauqua course, he said there was plenty of work needed to be done in every town that is not done to keep every member of the profession busy. That it was possible for the rural practitioners to make themselves as competent to do the work as those who live in cities and do it. That it was every physician's duty to attend his medical society and regular post-graduate courses every year or two. That being "too busy" was no excuse as the busy man needs society influence and post-graduate benefits the most. That medical societies should co-operate with the other learned professions, editors and school teachers included, as well as with the woman's federated clubs. That the objects and aims of the profession may become better understood. In the evening he lectured the public. He had a fairly good-sized audience, but not as large as was desired. His audience was very attentive and appeared favorably impressed with what he said. His theme was public health or preventable disease. He showed them how utterly as a general rule the public failed to understand the motives of the physician in his effort to prevent diseases and spoke of the disrespect of the profession in general held by the public and the high esteem the individual family doctor was held by his own clientele. He told them of the number of deaths caused by consumption, typhoid fever and summer complaint of infants, all being preventable diseases. That typhoid fever was a filth disease pure and simple and that it was impossible for it to be contracted without some of the excretions of the kidney or intestines of a typhoid patient getting into the stomach of the one infected, that it was a disgrace to any community for more than one case of typhoid fever to exist. He told them the different means by which the infection was transmitted, etc. He said it was cheaper from a mercenary point of view to prevent the high infant mortality so prevalent in every city than it was to pay the funeral expenses of the little ones who died. He advised the people to pay their doctors more promptly and to urge them to attend their medical societies and post-graduate courses and not to employ them if they were too busy to do so. His lecture

was discussed by Representatives, preachers, lawyers, teachers and business men. All spoke in commendation of his talk. Dr. McCormack is certainly doing great work, but yet, perhaps, he is only the voice of the one crying in the wilderness. Others may, others must come before his work is completed.

Dr. McCormack lectured the 10th Councilor District Medical Society and the citizens of Fort Smith, March 20th. The lecture to the society was delivered in the afternoon. The attendance was good and the lecture was very much appreciated. His subject was Medical organization, the duties of medical men to each other and post-graduate medical study. He urged better organization in every community and a better understanding of one another, more frequent meetings and an organized and systematized home study and investigation.

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DR. McCORMACK AT BRINKLEY.

Dr. C. C. Stephenson, Sec.,

Dear Doctor Stephenson:—The 3rd District Medical Society met at Brinkley on 11th and 12th inst., with about seventy-five doctors in attendance.

The afternoon of the 11th was assigned to registration of members and visitors, Mayor P. H. Jackson's address of welcome, and Dr. McCormack's address to the profession.

Mayor Jackson extended a most hearty welcome assuring every one present to feel perfectly at home, that he had the kindest feeling toward progressive medicine. and he would personally see that Brinkley put forth the best accommodations possible.

Dr. McCormack's address to the profession was one of those good old-fashioned "heart to heart talks." Plain, easy, honest and full of facts. His words of counsel went straight to the mark and though he lectured two hours it seemed but a few minutes.

The evening of the 11th, Dr. McCormack lectured to the public. About 500 people were present and quite a large number of ladies were in attendance. This lecture was thoroughly enjoyed by every one present, and many expressed regrets that Dr. McCormack could not stay over with us and lecture the following day.

The Monroe County Medical Society gave a reception from 10 to 11:30 p. m. to the

profession and laity. This proved to be quite a source of enjoyment as every one became acquainted and passed off many pleasant moments in social chats.

Music for the occasion was furnished by Saxby's orchestra of Memphis, Tenn.

The 12th was devoted to addresses and papers on medical subjects. These were practical, interesting and "full to the brim" of medical goods.

The discussions were lively and to the point, most every one present participating.

Helena was selected as the next meeting place.

Yours fraternally,
E. W. McKNIGHT, *Secretary*.

—x—

ADDRESS OF DR. CLEGG.

President of the 10th Councilor District Medical Society at its annual meeting at Fort Smith, March 20th, 1907.

This society adjourned at Monte Ne to meet in Fayetteville, March 5th, but owing to the fact that Dr. McCormack was to lecture the members of the society at Fort Smith, the 20th, on solicitation of a number of physicians, it was deemed expedient to change the meeting to this place as many would doubtless like to hear Dr. McCormack who would hardly take the time of attending the meeting at both places. I have tried to have the fact as widely advertised as possible that Dr. McCormack would be here at this time.

We have realized for a long time that if there could be a better understanding between the medical profession and the laity that many of the abuses that now exist would not be, and the soil would become less fertile for the growth and development of so many popular frauds and superstitions that flourish so luxuriantly in nearly all grades of society. Frauds and superstitions that indicate the same plane of intellectual elevation as did the belief in witchcraft in former ages. I allude in particular to such frauds as patent medicines, osteopathy, etc., and to such superstitions as mind cures, Dowieisms, and Christian Science. These latter we never hope to eradicate or overcome because the human imagination can not be prevented from penetrating the mystical and forming conclusions from the images of fancy, and thus as it has ever been, so will it ever be that, "As one heat, another heat expels,"

so one superstition another superstition quite displaces and the remembrance of the former ghost quite forgot.

But the patent medicine evil is one partly, if not wholly, our own making, and remains largely with us to correct.

By patent medicines, I mean the advertised proprietary as well as the advertised nostrum. I fail to see any distinction of class between Glyco-heroin and Boschees German syrup, and would as willingly write a prescription for the one as the other, or of antikamnia and Miles pain tablets, or of somnos and Miles Nervine and hundreds of other parallels which might be thought of.

It is incomprehensible that physicians should have acquired the habit of nostrum prescribing to the extent that they have. Those of you who have read Mr. Bok's scathing indictment of the medical profession on this account in a paper he read recently before the Philadelphia County Medical Society will recall that he quoted Dr. Jacobi as saying that in twenty-five years the percentage has grown from one to fifteen hundred prescriptions to twenty-five per cent, and that the file of one drug store in New York City showed seventy per cent of the prescriptions sent in by reputable physicians contained nostrums pure and simple, or as a part of the compound. Other cities show conditions almost as bad. Mr. Bok did more, he selected thirty prescriptions written by thirty physicians of high standing and called on them to give something like an accurate analysis of the ingredients the nostrums prescribed contained, and only two out of the thirty knew; the rest either did not know or thought they know when they did not.

This is a shameful charge to bring against the medical profession, but I think the medical schools are to blame for it. They fail to teach the importance of *materia medica*, therapeutics and pharmacy, especially pharmacy.

How many recent graduates in medicine have ever seen a copy of the U. S. Pharmacopea or have been taught anything practical about the art of compounding drugs?

In our schools there are too many teaching surgery, too many teaching the so-called surgical specialties, too many making display work, that pharmacology appears too common-place to the student.

So when he begins to practice he is illy prepared to write an elegant legitimate prescription and the nostrum vender comes to

his aid, to his own disgrace and what is worse the detriment of his patient.

But I am glad to see the awakening of the profession to this subject. Individually I have fought it for twenty years. More than ten years ago I cancelled my subscription to a leading medical journal for admitting articles to its pages recommending proprietary preparations in the treatment of conditions that legitimate drugs would have done better.

I have been brief and plain and blunt in my assertions on this matter and may have been too sweeping in my statements but I do not know when to draw the line between ethical patents and non-ethical patents. At all events let us shade the beam out of our own eyes before we undertake to get the mote out of the other ones.

The dangers of self-medication were most forcibly illustrated yesterday. About four o'clock in the afternoon I was hurriedly called to see a young lady whom I found deeply cyanotic and very much depressed, in fact her condition, when I saw her last at 8 p. m., was very alarming. Her father told me that he had been giving her a little "febrine." Upon inquiry I elicited the fact that she had taken at least a teaspoonful of acetanilid. What the outcome of her condition will be I do not know.

I hope sometime during the proceedings that a discussion will bring out the best method of treating poisoning from this cause.

I want to thank the Society for the courtesies and indulgences given me during the past year, and wish for our continued prosperity in the future.

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BOUND VOLUME OF
THE JOURNAL AT ONCE

Address the Secretary

THE "VIAVI" TREATMENT; ITS PROMOTERS AND ITS LITERATURE.

Some twenty years ago, more or less, two young men, with a very small capital, but with highly developed commercial ability, and an "idea," began business operations for the development of the "idea" in San Francisco. It was soon evident that the "idea" was no less valuable than the methods of development followed by the clever promoters. Time passed, the business grew and expanded beyond the limits of the city or the state or the country. But the smooth surface of the municipality was not disturbed; these two quiet gentlemen did not advertise themselves or their business methods by forcing either upon public attention.

They soon began to acquire real estate in the vicinity of Van Ness Avenue, at first for their business requirements, and later for the investment of their profits. Presently their activities expanded; they moved into the downtown real estate field and exhibited a shrewdness and a judgment in the selection and exploitation of development enterprises that very soon attracted the attention of the business men of the community. The Crossley and the Rialto Buildings were of their holdings, and were later traded for the Fairmont property; it is said, very advantageously. One of these brothers—for the men are brothers—undertook, we are told, on his own account the erection of the Monadnock Building on Market Street, which, it will be recalled, was one of the buildings practically undamaged by earthquake and but little by fire. The land is said to have cost \$1,000,000, and certainly the building must have increased the investment very considerably. It was one of the first buildings to be put in habitable shape immediately after the fire, and the financing of the enterprise is regarded by some business men as one of the cleverest pieces of financiering known in the city.

With the erection of these excellent civic improvements, attention was attracted to the two brothers who were thus demonstrating their faith in San Francisco, no less than their business acumen, by these very considerable investments from the proceeds of the well-cultivated "idea." They soon became prominently identified with various commercial activities. One of them was urged to become a director or trustee of the Young Men's Christian Association, and did so,

retaining that connection by request of the association, up to the present time. The other brother, we have been informed, has so impressed the financial element of the community with his most remarkable abilities as a financier and his excellent judgment in the selection of investments, that he was offered a large honorarium to give a few hours of his time as advisor to the management of one of the large banking institutions of the city, but could not spare the time from his own affairs. The commercial sagacity which saw the value of the "idea" and its development along original lines, and which intrepidly had its beginning with an extremely small capital, has been justified a thousand fold and has added to the city many large and magnificent buildings.

The real estate and commercial activities of these brothers must have been conducted with scrupulous probity, for they have the confidence of the moneyed interests and none is so keen to detect dishonest practices as the successful business man.

Let us see whence came this stream of gold, pouring from the original "idea," broadening and deepening until it has become a river of gold, capable of conversion into palatial buildings and holdings valued at millions.

The "idea" found its material existence in what is known to the promoters as "the Viavi treatment," and in its essence is so simple as to pass recognition. After reading all the Viavi literature hereafter referred to, and after statements made to us by Doctor Law, in our opinion the merit of the "treatment" consists in the well known principle of the vaginal douche. To be sure, the real "idea," the douche is masked about and hidden under "Viavi capsules" and "Viavi cerate," and "Viavi royal," and almost innumerable other "Viavi" stuff, with curative powers apparently unlimited, as appears from the statements of the promoters hereafter set forth. Other things were cultivated as the territory enlarged under the brilliant management of the promoters, but the original source of the golden stream seems only to be the vaginal douche.

It is a well known fact that women seem to have the singular and rather unhealthy idea that the sexual organs should be ignored as something "low," vulgar," or "indecent." Most of them do not keep those portions of the anatomy which are peculiar to themselves, clean. Few mothers teach their daughters

even the fundamental facts of reproduction or the physiological data concerning their peculiar sex characteristics; fewer teach their daughters to keep the vagina clean by the use of douches; and fewer ever know, until they learn through experience, generally bitter, the tremendous importance of cleanliness and hygiene in the duties and obligations which are assumed with marriage.

Most women suffer more or less from their reproductive organs, and a very considerable amount of this discomfort or suffering is due to lack of commonsense cleanliness. And that, as we understand it, is exactly what the agents of the Viavi are eternally preaching; it is almost every other word in the documents which the concern put out; keep the vagina clean, by the use of the douche, and use a little common sense. The immediate increase of personal comfort, and many times the quick relief from some annoying minor ailment, which follow upon the exercise of cleanliness and common sense, might so hypnotize the average woman who accepts the Viavi preachments and takes the Viavi "treatment," that she would be ready to believe almost anything the promoters care to tell her. But, of course, no large paying business could be built up by simply selling a little good advice and a trifle of common sense. There must be something definite to take, some wonderful, secret and very costly remedy that will work the result, to secure which the douche is but the merest preliminary. Hence the "capsules" and the "cerate" and the "liquid" and the "royal," and the rest of the wonderful remedies which, collectively, leave little uncured or incurable by Viavi.

Now let us see how these gentlemen, Messrs. H. and H. E. Law, originators of the "idea" and of the "Viavi treatment," as we have seen, well known citizens of San Francisco and prominently identified with members of its upright and honorable commercial bodies, *work* the "idea" and conduct its business side so that it earns for them the millions which pour into their coffers. The promoters are the brains and the life of the enterprise and cannot be dissociated from it.

Do the Viavi "remedies" contain morphine, or opium, or some habit-forming drug? (See *Journal*, August, 1906, page 205.)

The very question which we asked was bitterly resented by these gentlemen. They

claimed it was a reproach to their self-respect even to intimate that they, who seek to alleviate the pains of suffering humanity in general, could trade upon human life and character by selling to innocent people habit-forming "dope." They sent us copies of all sorts of certificates from analysis showing the absence of any harmful drug. And, furthermore, upon reflection, we came to the opinion that from the purely business standpoint, it was unnecessary to put an expensive article like morphine, and one liable to bring about trouble in the future, into their "remedies" when they do not need to. We need no further enlightenment and accept the statement that the preparations are free from morphine, etc.

"Were the Viavi remedies used for the prevention of conception or the procuring of abortion?"

This query was even more horrible to the promoters than was the former question. The very thought that such objects or purposes could be attributed to them was most painfully distressing to the Messrs. Law, and they felt keenly injured in their self-respect. They assured us in every way, by the spoken and the written word, that, so far from their having ever advocated the repulsive measures suggested, their greatest joy in life is to feel that, through the benevolent action of their remedies, they have aided thousands to become fruitful and have made the barren woman conceive and bring forth.

But we had heard that their agents *did* sometimes recommend that Viavi was a means of preventing or aborting conception. Could it be so? Well, while they preached against it in every possible manner, irresponsible agents would occasionally overstep their instructions and suggest the frightful misuse of the Viavi. But the company repudiated all such and, in a letter, offer to aid in the prosecution of any representative suggesting Viavi for this vile purpose, or offering to sell anything with Viavi for the same criminal object. Possibly the agents or representatives who so far transgress their instructions as to suggest the criminal use of what the makers hold to be one of the most valuable blessings ever bestowed upon a suffering people, have read and appreciated the import of the following statement (page 178 of a book entitled "Viavi Hygiene," edition of 1906), and another, quoted later:

" * * * but no attempt should be

made to force or introduce the capsule into the mouth of the womb, as placing any substance within the cavity of the uterus is directly against the laws of nature, a fact shown by the contractions and labor-like expulsive pains that are induced by the introduction of any foreign substance within the uterine cavity."

eW may safely assume that the Viavi "treatment" is free from opium, morphine, etc., and that the promoters do not encourage the practice of preventing or aborting conception. Such being the case, the question very naturally presents itself: "What is the Viavi treatment; what does it do and what do the promoters say of it; how do they present their claims and what do they claim?"

The original "treatment" was directed wholly to the afflictions of women, if we are not mistaken, and consisted of good advice, cleanliness, the douche and a capsule which was to be placed in the vagina, preferably high up and touching the cervix. Later, a cerate was made, the argument being that the vagina could not absorb enough of the wonderfully curative remedies contained in the capsule, so they were incorporated in the cerate, which was to be rubbed energetically into the back and belly. Still later, a liquid, also possessing the marvelous properties of the capsule and the cerate, was put out. At the present time there seem to be, in addition to the three forms mentioned, Viavi "Royal," Viavi "suppositories," Viavi "tablettes," Viavi "eye treatment," Viavi "ear treatment," Viavi "laxative."

As to what it is, we confess ourselves a trifle at fault. The manufacturers speak of their various preparations as though "the great Viavi" were an entity, a special and particular substance created for the purpose of being incorporated into all of their various mixtures, of which it becomes the essential and universally curative base. On the other hand, a firm of analytical chemists reported recently, as follows: "The capsules contain no morphine, and so far as we are able to determine, they contain nothing but the extract of hydrastis and cocoa butter." Here is a difference of opinion. As all of the preparations are said to contain "the great Viavi," and as this one is reported to contain nothing but hydrastis and cocoa butter, we might possibly be excused for holding the belief that hydrastis enters into all of these wonderful compounds, and is the multifarious curative agent; or else, that the

identity of "the great Viavi" changes as it enters into the different preparations.

Do the promoters of Viavi place before their patrons truth or fiction? Do the Messrs. Law, in conducting the Viavi business, adhere to those principles of honesty and fair dealing which, as citizens prominently identified with other and very large commercial activities, presumably they must exercise? In the business which has brought to them such enormous returns, have they exercised the common or "garden" variety of honesty, or have they resorted to half-truths and to but thinly veiled appeals to other influences?

Let us see what may be gleaned from the publications which they sent us. These consist of ten leaflets or pamphlets, one entitled "Health Book for Mothers and Daughters," and a volume of 610 pages entitled "Viavi Hygiene;" the work of wading through this mass of material has been by no means slight, and we have called upon a prominent gynecologist and a distinguished surgeon to aid in our labors by going through the material and making such comments as occur to them. All italics, etc., in quotations are ours.

From the "Health Book" we learn that Viavi "is purely a vegetable compound—more a food than a medicine, and is prepared in a predigested manner, so that it can be easily absorbed by the tissues of the body with which it comes in contact. The capsule is applied directly to the uterus through the vagina and is absorbed, giving health, strength and vitality to these parts. The cerate is applied to the skin, over the diseased organs, and here, through the absorbent power of the skin, the patient is able to introduce Viavi into the system directly and in such quantities as may be desired. The membranes lining the cavities of the body, especially those of the mouth and nose, the throat, the bronchial tubes, the stomach, the bowels, the uterus, the vagina, and the bladder, originate from one parent cell early in foetal life and often when a person is predisposed to a weakness in this cell it is noticed in the lining membranes of these organs."

There is a truly beautiful, truthful and scientific statement! But why not include all the other tissues and structures of the body, which, equally with those named, spring from that one parent cell?

As we wend our strenuous through the

As we wend our strenuous way through the "Health Book," and through "Viavi Hygiene," we are ever confronted with references to the joys and pleasures of the "marital obligation," the terrific result upon the affection of the husband which follows upon the wife's loss of personal beauty, and we are continually informed that, as "nine women out of ten are lacking in health and strength, if not positively ill," the former pleasures will surely be lost and the affection wane, unless the unfortunate woman uses Viavi, when, of course, the desired result which follows upon health, is speedily secured.

Under the caption of Leucorrhea, we learn that "This is a complaint from which almost every woman suffers at some period in her life." *It is the very life force ebbing away.*" (Strangely like the phraseology of the "Men's-disease-only" quack in his "literature" relating to spermatorrhea!) She cannot bear healthy children. They will be liable to total weakness of the system," whatever that awful condition may be. "They may have scrofula or even consumption." The horrors are piled up, and we learn that "There are deep rings under her eyes, her complexion is yellow, she grows irritable and inexplicably melancholy. If she is a wife those duties that were once her pleasure become obnoxious. No matter how much she may love her husband, her marital obligation becomes distressing." Of course, Viavi dispells this all-embracing gloom, restores her "pleasure," removes the awful sentence from her unborn offspring and renders the "marital obligation" once more delightful.

Local offices are provided in all the principal cities and are presided over by "trained specialists in diseases of women" who have a "larger experience with these diseases than any other specialists could possibly have."

Examination of patients is entirely unnecessary by the Viavi "treatment," the patient makes her own diagnosis, or "if a blank Health Statement is procured, filled out and returned, competent advice will be given upon it."

In one pamphlet we read that "A distinctive feature of the Viavi treatment is the permanency of the cure," while in another we are told that "It is one thing to make a cure complete; it is quite another to make it permanent. Of course we cannot insure

anyone against a recurrence of disease." Of course not.

The proprietors of the Viavi "treatment" not only maintain that their agents are competent to suggest the proper treatment without examination of the patient, and that the omnipotent wisdom of the officials in the home office (or some other) can give "competent advice" by mail, but they refer in terms of greatest horror to physician, gynecologist and surgeon, intimating that more harm than good always results from obtaining professional advice from licensed physicians. The gynecologist is referred to as the "body carpenter" and his work as "sacrilegious carpentry." We are told by the Messrs. Law in their publications that operations "for the removal of a diseased breast rarely or never prove entirely successful, and that "extirpation or removal of diseased tissue by surgery is worse than useless."

One must pause to wonder what can be the sensations of the Fellows of the Chemical Society (England) when they think upon such utterances from their distinguished life member, H. E. Law, as we have quoted above. It must be gratifying to the fellow directors of Dr. Hartland Law, in the Young Men's Christian Association, to learn the remarkable degree of truth and scientific intelligence which he displays in his appeals to suffering women, no less than the respect which he shows toward one of the great liberal professions.

Let us quote a few extracts from the book, "Viavi Hygiene." "Let a father reflect what it means to a girl to be submitted to an examination, even by a most considerate physician, if she falls ill—and these examinations are almost invariably made, and are rendered wholly unnecessary by the Viavi system of treatment."

"The mutual confidence that grows up between a sufferer and a Viavi representative is beautiful. Out of it arise conditions of the greatest value to the sufferer in her progress toward a cure. The sufferer in her progress is enabled by the knowledge that she acquires to explain her condition intelligently. * * * Of course, the untrained mind of a girl is much more able to explain her condition than could a "most considerate physician."

"Every day thousands of women throughout the civilized world are deprived of their sex by the surgeon's knife, but the emascu-

tion of a man is so rare an occurrence as to be extraordinary."

"Believing, as they do, that woman's sex is of small or no importance to her economy, it is no wonder that physicians abound who will employ surgery to relieve them from the annoyance of menstruation and the risk of insemination."

"Wherever we look, using our eyes and brains, we see that sexual capacity and sexual appetite go together, and that they are absolutely inseparable; that there can be no sexual desire unless there is sexual capacity."

"A woman with a low estimate of the value of her sex * * * will not understand what her physical perfection means to her husband, nor how closely marital happiness depends upon it."

"A very large proportion of women's diseases were really incurable until the Viavi system of treatment was introduced."

"As for the influence of physicians with regard to the Viavi system of treatment, while many of the broader sort heartily indorse the treatment, some may be found arrayed against it and ready to condemn it if their opinion of its merits be sought." (It would be interesting to know the names of "many of the broader sort" of physicians who indorse the Viavi "treatment.")

"The number of women whose breasts have been needlessly removed is appalling * * * a woman deprived of one or both of her breasts is hopelessly and lamentably disgraced."

There is a long chapter on "Conjugal Relations," which is certainly sufficiently explicit for the average girl whose father is warned against the evil, nay, terrible, results which are entailed by calling in a physician when she is ill. Much might be quoted, but one fragment will suffice:

"The evil effects of unsoundness of the sexual nature are so various and far reaching that even Viavi advocates *who have made so close a study of them*, doubtless fall far short of estimating them at their full value and to their whole extent. Thus, we may find conjugal infelicity between two persons seemingly perfectly healthy, the woman particularly being apparently perfectly sound in her sexual nature. (*sic.*) Yet she very likely inherited from her mother, through the latter's efforts to avoid maternity, a dislike for children and a refusal to bear them, thus incurring her husband's ill feeling; or she may have inherited a dislike for her hus-

band's attentions." (This is most respectfully referred to Havelock Ellis, and doubtless it will be found very edifying by him.)

"A wife may have so strong an affection for her husband that, even though she is lacking in desire, she takes a certain pleasure in giving him pleasure; but it is clear that this is a different thing from sexual pleasure, and that unless a woman enjoys this sort of pleasure she is not only losing what Nature intended she should have, but is violating a natural law of her being, and must suffer the penalty in one way or another." Of course we find, later on in the same paragraph, that "the effect of the Viavi system of treatment in such cases is remarkable in every way * * * rejuvenates the whole nature (*sic*) of a woman—makes her perfect in all the *attributes of wifehood*."

"Everything connected with it (Viavi) tends to bring women into a closer relationship with Nature and Nature's God."

"Curetting, the ordinarily prescribed treatment for flooding (metrorrhagia), has been rendered obsolete by the Viavi system of treatment."

"If the disease is in the form of tumors or polypi in the womb, she will be advised, sooner or later, unless she adopts the Viavi system of treatment, to submit to an operation in which her abdomen will be cut open on the median line, and the *symmetry of her figure destroyed*; perhaps she will be advised to submit to the removal of the womb. The Viavi system of treatment renders all these measures wholly unnecessary."

"A woman afflicted with any form of painful menstruation is in positive and imminent danger of a surgical operation, whether minor or capital, unless she adopts the Viavi system of treatment."

"Curetting is resorted to because those who employ it have no better means of treating the conditions that they wish to overcome. * * * The Viavi system of treatment has rendered curetting unnecessary wherever employed."

"Leucorrhea in time entirely destroys the chief function of the vagina. Its walls become loose and flabby. Thus *sexual commerce becomes unsatisfactory and incomplete*."

"* * * the remarkable effectiveness of the Viavi system of treatment * * * places it in the power of healthy wives to LIMIT THE NUMBER of their offspring for proper reasons, and women who are not fit for

maternity to AVOID it by natural means."

What was it we asked about Viavi being recommended for the prevention of conception?

When the careful student of the book "Viavi Hygiene," reaches the section devoted to tumors, he first learns the depths of ignorance in which all the scientific world, except the brothers Law, is sunk. No longer need the British Medical Association expend money or its savants waste time in trying to find the cause of cancer. Let Harvard University terminate the existence of its Cancer Commission. These are all but foolish children, groping in the dark in the effort to find the cause of one of the saddest afflictions; the Law brothers have known it for years. The success with which they have kept their wonderful knowledge from the scientific world is no less than the modesty which they display in setting forth the facts in this greatest of all books. Listen: "If you have tears, prepare to shed them now!"

"The cause of these growths (tumors), which by inspiring terror drive so many women to a premature death by way of the operating table, is so simple a thing as a poor circulation of the blood. Tumors are caused by a stagnation of the venous blood. * * * This important discovery on our part has swept away the mist that has always surrounded this subject and enabled us to accomplish the most remarkable cures * * *"

"Ovarian tumors, uterine tumors, whether inside the cavity, in the walls, or outside the walls; tumors of the vagina and Fallopian tubes; fatty, cystic or fibroid tumors; in fact, *tumors of all kinds in all parts of the body*, have been treated successfully by the Viavi method." The Young Men's Christian Association must take great pride to itself when it realizes that one of the gentlemen who voice this statement is on its board of control, for is not his modest plea calculated to draw shekels from the pockets of poor, suffering women in an anxious pursuit of health?

Nor is it only suffering women who may find relief at the hands of these gentlemen, these prominent citizens of our community who have grown from poverty to affluence—by exploiting the Viavi treatment. They do not hesitate to hold out encouragement to man when he contemplates the loss of his proudest possession, his testicle. For a monetary consideration, not stated, the Messrs.

Law will give the wonderful Viavi treatment to men afflicted with atrophy of the testicles, and hold out the encouraging intimation of a probable cure.

"We recall particularly the case of a man suffering with wasting of the testicles, who secured perfect recovery from the Viavi cerate applied to the scrotum."

Note the keenness of the wording; the man "secured perfect recovery from the cerate," not from the wasting of the testicles!

Indeed, the keenness of the verbiage is one of the most remarkable things about the Viavi "literature," and is but another of the indications of the commercial acumen of the promoters, the Law brothers; for some years they employed, at no small expense, one of the cleverest writers on the Pacific coast. Such work as theirs was not to be left to the ordinary "patent medicine" circular writer; their "literature," like their "treatment," must be unique, distinctive.

We are told, with the greatest air of frankness, that appendicitis, paralysis, paresis, locomotor ataxia, asthma, palsy "and many more, proceed from a depletion of nervous force—from *nervous debility*." While we are nowhere told that all of these conditions can be cured by Viavi, we are told that *nervous debility* may be prevented or cured by it, and the natural implication, so subtly conveyed by the clever writer, might well produce the result that the poor incurable is parted from his coin; or the person with appendicitis is deluded into giving up, perchance, his life.

The London Lancet for March 10th, 1900, and Januray 17th, 1903, pays its respects to the Viavi Co. In the first-mentioned issue, it commented upon certain facts which came out at an inquest held Febraury 25th, 1900, by the coroner of East Sussex, upon the body of a woman who had died while under treatment by the Viavi system. The jury handed in the following verdict:

"We wish to return a verdict of death from natural causes; we also think that the life of the deceased might have been prolonged had she been placed under properly qualified medical treatment, and from the evidence brought before us, we consider the Viavi Company a fraud." In another case heard before His Honor, Judge Parry, in the Manchester County Court, on May 17th, 1901, the same fraudulent parties had to pay 50 pounds, with costs, for breach of contract, i. e., for failing to cure.

It seems to us as medical men that nothing

need be added to the force and effect of the foregoing excerpts from the literature issued necessarily with the approval of the Messrs. Law. But we trust that our present review of the "Viavi system of treatment," and of its promoters, will reach the eyes of many who are not physicians, and hence we must comment somewhat upon the general question discussed.

If the Laws are correct in their views on physiology and pathology, then the whole medical world is all wrong.

If their statements as to the value and effect of operations in cases mentioned in the foregoing quotations are true, then all the surgeons in the world are wrong and are doing infinite harm.

The whole progress of medical thought and advancement during the past hundred years is totally opposed to the remarkable theories of the Law brothers. What reputable physician, not employed by them, could be found to agree with them?

And what can be said of their printed statement that when a woman has acquired strength through the use of Viavi remedies, she can control and regulate the birth of her children and their number?

We ask all the honorable gentlemen who are business associates of the Laws, the directors of the Young Men's Christian Association, and the rest, what they think of the quotations from the Viavi literature above set forth? Do they agree with the claims of the wealthy brothers? Do they think that with increased health and strength a married woman can by more than one proper means control conception? Do they stand for that statement made by the proprietors of this "discovery?" Is the whole wide world, medical and lay, wrong, and are the commercially successful Laws alone right? Think it over, gentlemen!

Yet, of such is the business of the "Viavi" constructed; a business which has made two men, starting with practically nothing, affluent. Their patrons consist of confiding sick and suffering women, to whom, not skilled in medicine, their literature appeals.

Do their associates believe that the Viavi treatment can do what the Laws claim for it? Do they believe that it can cure or benefit the diseases in the list hereafter enumerated?

If they do not believe it, if they do not approve of the Law "literature," with its suggestions, with its insistence on the import-

ance of the female form, with its intimations that the use of Viavi remedies will increase sexual pleasure, with its hints that wasting testicles can be benefited, and tumors of all kinds cured; with its insinuations, nay statements, that child-birth can be controlled; that a woman can, through Viavi, become so "healthy" that she may "limit the number of offspring;" with their claims of benefiting suffering humanity and advising women never to have a tumor removed by the knife until, alas, it may be too late for the beneficent surgeon, and the victim of the false advice is claimed by death; if, we say, they do not approve of these things, what must be their thoughts and the thoughts of the members of the Merchants' Association when they sit at dinner in the Fairmont Hotel on the night of April 18th, as we are told they will? Will they think of the matters treated of in this article and of the basis of the fortune of the Laws, or will they say "money talks," and think of what successful business men are the owners of the hotel in which they dine?

Will they care *how* the money has been garnered? Will they question whether the Law brothers are benefactors of humanity, or merely successful in making money out of the sick and suffering?

Arthur McEwen has said that any "Front street merchant" would prosecute his chief clerk for embezzlement for the mere crime of emulation! Perhaps, business men of this city, pillars of our municipal society, you do not care how people become rich, so that they *be* rich.

Perhaps, so long as a man does nothing actually criminal, nothing for which he could be sent to jail, our "merchant princes" do not care by what means wealth is acquired.

Gentlemen, do you, or do you not, approve of the manner of the money gathering of the Law brothers?

In closing, we must apologize to our readers for printing in the Journal the excerpts from the publications of the Messrs. Law which we have made, for to us they seem salacious in the extreme.

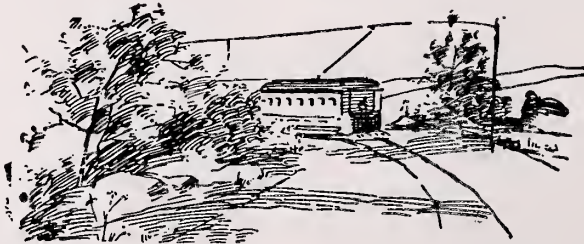
As illustrating the extraordinary extent of the claims of the promoters, the one a life member of the Chemical Society and the other a director in the Young Men's Christian Association and a member of the faculty or directorate of the Hahnemann Medical school, San Francisco, we append a partial list of the various diseases which the pub-

lished "literature" of the Viavi Co. states, either directly or by inference, that the Viavi system of treatment will cure:

The correction of improper or injurious pre-natal influences, curvature of the spine, spinal irritation, pain in the coccygeal region, paralysis of all parts of the body, amenorrhea, dysmenorrhea, menorrhagia, metrorrhagia, congestive dysmenorrhea, membranous dysmenorrhea, flooding, versions of the uterus, inflammation of the ovaries, vicarious menstruation, non-development of sexual organs, chlorosis, epilepsy, metritis, subinvolution, all forms of inflammation of the womb, abdominal adhesions, leucorrhea, all flexions of the uterus, prolapsus of the uterus, peritonitis, ovaritis, salpingitis, vaginitis, vaginismus, prolapsus of vagina, pruritus, cystitis of any variety, urethritis, caruncles, lax abdominal walls (ptosis?), used by the nursing mother it prevents diseases of suckled infants; mastitis, miscarriage, sterility, prevention of lacerations, cure of laceration of the cervix, "external lacerations," cervical cancer, cancer of breast, etc. (Note—"Viavi Hygiene," page 366. "We do not wish it to be understood that the cure of cancer comes within the clinical range of the Viavi system of treatment. It is a fully established fact, however, that the treatment has cured many cases diagnosed as cancer." This seems to be so constructed as to ensure the complete delusion of the unfortunate incurable, or the sufferer who might be cured by early operation); tumors of all sorts and in all locations, hemorrhoids, prostatitis,

orchitis, atrophy of the testicle, afflictions of the male generative organs not traceable to venereal diseases, nervous debility, neuralgia, headaches, insomnia, appendicitis, paralysis, paresis, locomotor ataxia, asthma, palsy, obesity, offensive breath, varicose veins and ulcers, catarrh, colds, nasal polyvi, hay fever, deafness bronchitis pneumonia, consumption, dyspepsia, gastritis, constipation, diarrhea, catarrh of the bowels, diabetes, albuminuria, abscess of rectum, fistula, prolapsus of rectum, subineterismus pruritis, stricture of rectum, cancer of rectum, rheumatism, lumbago, prevents inflammation and blood poisoning after serious injuries—"no necessity for amputations"—sprains, scalds and burns, infantile paralysis, incontinence of urine, croup, biliousness, skin diseases, earache, inflammation of outer ear, hardened wax, rupture of typanum, inflammation of middle ear, eye strain, eye injury, conjunctivitis, granulated eyelids, iritis, ophthalmia neonatorum, pterygium, ozean.—*Cal. State Journal of Medicine.*

The above expose has been sent to this office by the Secretary of California State Medical Society for publication which we do with pleasure. Here we have a description of a fraudulent preparation from its birth. Note the methods employed. The vast wealth accumulated by the concern, and say if our Patterson-Black bill as so vigorously opposed by our brethren of the drug trade is not aimed at just such colossal frauds, and which would have to come from under cover to do business in Arkansas had it passed.





BOOK REVIEWS



TEXT-BOOK OF PSYCHIATRY—A Psychological Study of Insanity for Practitioners and Students, by Dr. E. Mendel, A. O. Professor in the University of Berlin. Authorized Translation. Edited and enlarged by Wm. C. Krauss, M. D., Buffalo, N. Y., President Board of Managers Buffalo State Hospital for Insane; Medical Superintendent Providence Retreat for Insane; Neurologist to Buffalo General, Erie County, German, Emergency Hospitals, etc.; Member of the American Neurological Association. 311 Pages. Crown Octavo. Extra Cloth. \$2.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

This book is a fine contribution on the subject of Psychiatry. The author, Dr. Mendel, is a fluent writer and goes into the body matter of his work at once, and handles it in a masterful manner. It is a work that can be read with both pleasure and profit.

DISEASES OF THE NOSE AND THROAT. By J. Bruce Ferguson, M. D. Instructor in diseases of the Nose and Throat in the Post-Graduate Medical School and Hospital, New York. Series edited by Victor Cox Pederesen, A.M., M.D., Lecturer in Surgery at the New York Polyclinic Medical School and Hospital, Genito-urinary Surgeon to the Outpatient departments of the New York and Hudson Street Hospital. Anesthetist to the Roosevelt Hospital. Lea Brothers and Co., Philadelphia.

This little work contains a concise treatise on these organs suitable for a general practitioner, or student. It gives in a few words just what you want.

A MANUEL OF THE DIAGNOSIS AND TREATMENT OF THE DISEASES OF THE EYE. By Edward Jackson, A.M., M.D. Professor of Ophthalmology in the University of Colorado, Emeritus Professor of diseases of the eye in the Philadelphia Polyclinic. Formerly Chairman of the Section on Ophthalmology of the American Medical Association. Ex-President of the American Academy of Medicine, and of the American Academy of eye in the Philadelphia Polyclinic. Form-Ophthalmology and to Laryncology, and member of the American Ophthalmological Society. Second edition; thoroughly

revised. With 182 illustrations and 2 colored plates. Price \$2.50 net. W. B. Sanders Company, Philadelphia.

This work has just been received and is in keeping with the first edition of Jackson. Dr. Jackson is one of the foremost teachers and writers in the country. This book is first-class in every respect. It should be in the library of every oculist. The book is recommended.

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American Medical Association, 103 Dearborn Avenue, Chicago.

Every member of the Arkansas Medical Society should order a supply of this work, and keep a few on their tables in their offices, besides give them to their patrons who may and will be informed. Education is one way of suppressing the "Nostrum Fraud" and Legislation another, but it seems that the latter cannot be employed in our beloved State, so then try the former. Our friends of the drug profession might learn something also by reading this pamphlet, and we advise that they peruse it while resting. It has some interesting facts awaiting the seeker for truth.

PSYCHOLOGY APPLIED TO MEDICINE—Introductory stories by David W. Wells, M. D. Lecturer on Mental Physiology, and Assistant in Ophthalmology, Boston University Medical School; Ophthalmic Surgeon, Mas-

sachusetts Homeopathic Hospital, Boston; Oculist, Newton (Mass.) Hospital. Illustrated, nearly 200 pages, with biography and index, 12mo, extra quality paper. Neatly bound in cloth. Price, \$1.50 net.

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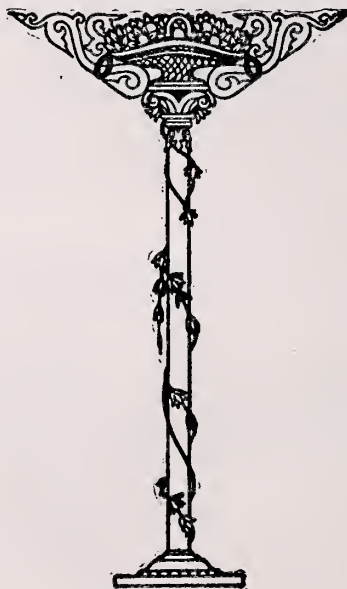
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TRYPSIN IN CANCER—A Preliminary Statement by William Seaman Bainbridge, M.S., M.D., New York. Reprinted from the New York Medical Journal, incorporating the Philadelphia Medical Journal and The Medical News for March 2, 1907.



THE JOURNAL

OF THE

Arkansas Medical Society

VOL. III

LITTLE ROCK, ARKANSAS, MAY 15, 1907

No. 12

Papers Read and Discussions on Same

Before the Arkansas Medical Society, Hot Springs, May 8-10, 1906.

THE MASTOID OPERATION.

(By Dr. H. Moulton, Fort Smith.)

All who are familiar with the mastoid operation have frequent occasion to note the neglect it sometimes suffers, even at the present day. This is partly due to a lack of attention to the subject on the part of physician and partly to fear of the operation on the part of both physician and patient. However much excuse there may have been for this a quarter of a century ago, there should be none now. During the past twenty years the mastoid operation has become well established and one of the main props of modern surgery. To illustrate the difference between then and now, I quote the following: At the hospital in Warsaw, Heiman (Arch. Otol. XX, No. 2) states that under the old surgical principles which then governed this operation, during the five years preceding 1885, the mortality of the cases operated on was nearly 90 per cent., while after modern teaching was adopted, in the five following years, the mortality was hardly 7 per cent. At the present time the record is even better than that. This is due chiefly, of course, first, to the discoveries of Lister; second, to the teaching of Schwartz et al. But a few years ago it was the custom to wait until the symptoms associated with mastoiditis began to indicate complications fatal to life before opening the diseased mastoid. Now it is the custom to urge the operation before these dangerous symptoms arise. Formerly the text books on diseases of the ear had a long list of indications more or less confusing and contradictory. Now they are simple and easily understood. In fact, the only indication is evidence that pus is forming or is present in the mastoid cells.

In acute purulent inflammation of the middle ear pain and tenderness over the mastoid indicate inflammation. If this continues for a week, pus has formed and the cells should be opened. The same symptoms continuing for twenty-four to forty-eight hours in cases complicating chronic suppuration of the middle ear indicate operation, for in these cases there is likely to be caries and the infection is more likely to find its way to the contents of the cranial cavity more quickly than in acute cases;

hence the operator cannot afford to wait so long. Suppuration too profuse to come from the middle ear alone continuing undiminished for longer than about ten days under proper treatment indicates a mastoiditis demanding operation. An infallible sign that a destructive process is going on within the mastoid, which will not recover without an opening, spontaneous or surgical, of the bone, is sagging of the upper posterior wall of the bony meatus close to the tympanum, a part of the meatus which is in close proximity to the anterior cells.

Swelling over the mastoid process is now almost ignored as an indication. True it is often a valued symptom of mastoid trouble, yet it is more often absent than present in fatal cases, so it would never be safe to wait for it. Moreover it is probable more often a symptom of otitis externa than of mastoid disease.

Not long ago a young man came to me requesting a mastoid operation because of severe inflammatory edema behind the ear. The meatus was closed by a furuncle. Pushing a small speculum past the obstruction, hearing was found to be normal. Incision of the furuncle with the meatus was followed by a prompt subsidence of the swelling over the mastoid. A similar case was a lady who came from a long distance, having been advised that a mastoid operation was necessary because of edema behind the ear. No mastoiditis existed and the swelling promptly subsided on proper treatment of an otitis externa.

As to febrile and other general disturbances, they vary so much that little dependence can be placed upon them, except when they are symptomatic of impending or existing intracranial complications. Irritative brain symptoms demand immediate operation.

The mortality of the operation, not the disease, is almost nil. Nearly every death after operation can be traced to complications which already existed before the operation.

There are three methods by which the operation is usually done.

First, The simple opening of the mastoid cells without opening the antrum.

Second, The opening of the mastoid cells and at the same time the antrum.

Third, The so-called "Radical Operation."

The question of whether to open the antrum or not, cannot always be decided before the operation is begun. If there is a profuse discharge from the middle ear, if there is sagging of the upper posterior wall of the meatus close to the membrana tympani, if there is pain and tenderness over the antrum or over the tip without swelling of the integuments, in short, in all conditions in which it is likely that the antrum is involved, the typical operation of Schwartz should be done, in which the antrum is opened as the first step and the other diseased areas are exposed and curetted afterwards.

In those cases in which it is not likely that the antrum is diseased as in cases where the mastoid symptoms develop after the discharge from the middle ear has ceased, the abscess may be sought by chiseling away the middle portion of the planum mastoideum close behind the meatus. If an abscess is opened, and on working with the curette gouge perfectly sound bone is encountered in every direction and no passage can be found leading into the antrum, the case will probably do better if, as Politzer points out, the antrum is not opened. In cases where there is swelling behind the ear the cortex should be searched for a carious spot and the cells opened from that point, working into the antrum afterwards if possible. The radical operation is done in certain chronic cases and for the cure of chronic otorrhea which has resisted all other means of treatment. It consists of chiseling away the upper and posterior wall of the bony meatus and removing the ossicles, opening the mastoid cells and antrum, clearing away every vestige of diseased bone and throwing the tympanum, attic, antrum, mastoid cells and meatus into one large open cavity. The radical operation demands a special technique on account of the special danger of wounding the facial nerve or semicircular canals and should not be undertaken by one not experienced or at least by one who has not done these operations on the cadaver.

At the beginning of any of these operations the surgeon cannot tell how far the necessities of the case may lead him. Owing to a misplaced lateral sinus, he may expose that blood channel unintentionally. The internal plate of bone over the tympanum or cells may be involved in the necrotic process. If so, the necrotic tissue must be removed and thus the sinus or meninges will be intentionally exposed. It is safer to expose the brain or sinus than to leave dead bone in contact with it at the bottom of a deep wound. Such possibilities render it obvious that in every case the utmost care must be exercised in securing perfect asepsis and antisepsis, in the execution of every detail of the preparation for and execution of the operation. For the same reason the field of operation should be ample.

At the present time the operation is almost exclusively done by means of chisels, gouges, curettes and the rongeur forceps, instruments the cutting edge of which can be always kept in view. Drills of every form are all but

abandoned, only two or three of the large operators of the world now using them. These are unsurgical instruments when working in dangerous localities. The correct technique of the mastoid operation is fully described in every recent text book on otology.

The development and success of this operation has well nigh relegated to oblivion the operation known as Wilde's incision. This operation is undoubtedly followed at times by the disappearance of mastoid symptoms; but that only goes to prove a well established fact that mastoiditis sometimes recovers spontaneously. If symptoms arise suggesting the Wilde's incision, it is better to wait twenty-four hours, when the symptoms will either have diminished or become of such a nature as to more clearly indicate the more radical procedure. With a Wilde's incision one is more apt to be tempted to a too dangerously long delay than without it. If at the time the skin is cut the bone too is opened, you take less risks than if you do the first followed several days later by the second. But, of course, incision is all that is necessary in those cases of middle ear diseases in children in which a collection of pus finds its way under the periosteum behind the ear through unclosed fissures of the bony meatus. These are not to be classed as cases of mastoiditis, but as subperiosteal abscesses—very different affairs.

My operative cases of mastoiditis number only about twenty-five. Recovery occurred in every case in which symptoms of intracranial complications had not already set in before the operation. The fatal cases were two, both of long standing. In one, an adult, there were symptoms of a brain abscess for some weeks before the operation was consented to. In the other, a child, meningitis had already developed. In every case I have operated upon I have opened the antrum but in two. In these mastoid symptoms did not set in until after the middle ear was apparently well and the hearing nearly normal. A circumscribed abscess was found in one in the posterior cells and a large abscess in the other involving the middle portion and tip. The wounds healed in three weeks. Both cases were operated on this spring. In two of my cases purulent discharge from the middle ear with absence of pain and tenderness during the whole course of the disease was the sole indication for operation and in both very extensive disease was found. One of them occurred as a complication of typhoid fever. Most of the cases complicated *la grippe*.

In order to make perhaps a little clearer the points that I have attempted to bring out in my essay, I may be pardoned if I allude to just two cases to demonstrate the feasibility of the mastoid operation and illustrate perhaps a little more lucidly some facts in regard to this form of surgical procedure.

The first one to which I shall refer was that of a lady who came to me about seven weeks ago with an immense swelling behind the posterior portion of the ear. Behind the ear was intensely swollen. She had been complaining of pain, and said that about two weeks before she had had a very severe

attack of influenza, resulting in otitis media that discharged for about two weeks constantly. This had ceased; but she began to experience extreme tenderness behind the ear around the mastoid process. This condition had been apparent for about ten days before she came to me. When I looked at her I saw that there was only one thing to do, and that was to cut into the mastoid; which I did very promptly. An incision was made just behind the auricle, cutting through the upper portion and extending down to the mastoid process. The periosteum was opened and preserved by the periosteum elevator, and when I used the chisel, the pus welled out in great quantities. I presume in all there was probably three ounces of pus which came out of that abscess; so you can imagine from that, what condition was encountered. It was due to simply mastoid infection. In all my experience in post graduate courses, I have been impressed that the antrum is what we are going after—that is the objective point. For the simple reason that in mastoiditis, the middle ear is first involved; then comes the antrum; from the antrum into the mastoid cells the progress of the disease naturally follows. You will likely get into the mastoid by two or three licks of the chisel, and when you do, the pus will ooze out. You may depend on that.

The original point of infection is the antrum. The antrum is the head from which all the mastoid cells radiate, and they are in profusion. The only thing to do, and the only thing we can do, is to go into the cavity, locate the necrotic bone and remove it. There is never anything else to do at any time; it is the one thing necessary.

This party was operated on five weeks ago; I dismissed her yesterday.

The next case seemed to me to be a very serious one, referred to me by another physician, was a man who had been ill for some time, having suffered an attack of pneumonia, followed by middle ear suppuration; and from this middle ear condition the mastoid became involved. When he was referred to me he had brain symptoms, with abnormal temperature—104 to 105, with all the usual symptoms of brain involvement, with intense pain over the mastoid. It was just such a case as we generally get, which come to you reluctantly after all local and constitutional treatments have failed. I determined that the only thing to do was to cut into the mastoid and see what the trouble was, and this I proceeded to do. The suppuration had ceased from the external auditory canal. My diagnosis was mastoiditis with brain involvement. The operation was begun and after making incision for Stacke operation, which I had decided to do. After going some distance, the pus began to flow out; and when I explored the antrum I found it filled with blood and pus. He complained of pain in the plano mastoid muscles. His head was drawn over to one side; which is typical of this condition. We went in there; went down the tip of the mastoid process. There was pus all along, welling out of the original opening. So when we have a mastoid

with the brain involved: where this necrotic process is going on, very little necrotic progress will get through this thin bony plate into the brain. I went up into the temporal bone and went through just a little bit. I was cutting very carefully, and I pushed through into the brain cavity. Didn't need a probe; didn't require any chisel to cut through it. I enlarged the opening and gave it drainage, packed the wound and left it open. Of course, as we have in all of these brain abscesses, where the involvement has occurred as this had, the temperature was 98 and 99 for about three or four weeks. The next day after the operation his temperature ran up to 102; but the next day it dropped to 99. This was simply the temperature running up from the operation altogether, and not from any diseased condition that was left in the mastoid process or in the brain. Today he is comparatively well, hasn't any pain, is able to walk around, his headache has disappeared, and the mastoid wound is healing. I hesitated very much about taking his bandage off; I was rather doubtful of the propriety of removing it early, as one of the most important features of the operation is the after treatment. We cannot be too careful in handling the cases after operation, on account of the danger of reinfection. For that reason I should warn you against too much dressing, as I am rather of the opinion that it may do more harm than good. The after treatment is most important and must be carefully carried out, and I must caution you that it will require a great deal of patience on your part, according to my experience. For that reason I would not take this bandage off for three or four days. This particular case is only one of three brain cases that I have had in my practice.

In conclusion I want to urge every practitioner not to be afraid of the operation. We will grant that one may be tempted to say, "I prefer to turn such cases over to an otologist." If so, do it quickly. But the ear man may not be in reach and every practitioner should be prepared to do this simple operation in case of emergency, and do it in time.

DISCUSSION.

Dr. Alexander: I agree most heartily with the essayist that one of the essential requisites for an operation is to know what you are operating for, by making your diagnosis complete. I assent entirely to the speaker's suggestion that the prime feature of the operation should be to open the antrum. The antrum in a mastoid operation is what the appendix is to an operation for appendicitis. I believe Politzer says that it is only necessary to open some of the cells; but the combined opinion expressed by all the authorities of modern teaching, is that we should open up the antrum. As every one knows this is shut in by the auditory processes in a sort of triangle. If the infection lies one-eighth of an inch deeper than we think, likely we do not succeed in finding it all. For this simple reason, he should be careful on this point. It will be well for him to look after all of the details with

the utmost care. One of the most important things is to make a semi-circular incision along the margin, or point of the tip of the mastoid to the ear above the helix, curving up slowly, making a line from the tip of the mastoid process upward down to the periosteum. In these pathological conditions of mastoid origin, I think most of the mistakes that we make are due to lack of confidence and patience in searching out what we are after. If the parts are exposed you may take a false step in the direction of operating. One of the operators—I think Whiting—has said that with the opening of the antrum, he believed that the sigmoid sinus should be exposed in every case of mastoid trouble. I am unable to agree with him, but if circumstances warrant, I should, where there was extensive mastoid infection, endeavor to establish drainage that way, as well as by the external auditory canal, exposing the sinus if necessary.

Dr. Pelton. The complete mastoid operation, or as it has been termed, the radical operation, consists of removing the middle bones of the inner ear. I speak of the one given us by Whiting, and described as the complete mastoid operation. There is another operator of equal prominence who is even more radical—extremely so. He says that no operation is complete unless the sigmoid sinus is exposed and the middle floor of the skull is opened. This is a little too startling for most of us. We simply contend with conditions as we find them. I think the diagnosis of mastoid trouble and ear trouble is what gives us most concern. There is no doubt in my mind that most of them die, because the extent of the inflammation is not understood at first. Binnie seems to believe that all the mastoid work ought to be taken from the aurist and given to the general surgeon; his experience being that most of the aurists were too timid after they opened up the cells, especially in such cases requiring the opening of the cranial cavity and exposing the sigmoid sinus when complicated with brain trouble; in fact, they were not brave enough to do what was absolutely necessary in order to save the patient's life. There is a great deal of truth in this. I think that most of us are too timid when it comes to this kind of surgery. We are content to plod along with these conditions and defer opening until complications set in rendering the operation all the more dangerous. Let us not be deterred by the fact that it requires opening of the antrum and perhaps we may get into the sinus or in dangerous proximity to the facial nerve.

I am sure that Dr. Moulton is to be congratulated on the outcome of his cases, which were skillfully handled. I enjoyed the reading of his paper very much; he has certainly given us a fine essay.

Dr. Mann: I think the mastoid operation should be considered as any other surgical procedure.

During the past winter I operated on two cases of babies thirteen months old. You can imagine how I felt when the parents of these

little babies brought them to me with mastoiditis. I must say that I felt just a little bit nervous and apprehensive, as in each family they were the only children. I am glad to report, however, that in one case the operation was very simple; just a little incision was made. In the other, the operation was more extensive and it was necessary to chisel into the mastoid and antrum, where I found abundance of pus present.

There is another field to which the otologists are extending this operation, and that is the cure of chronic cases of long standing purulent otitis media. This is a big field. You cannot hope to relieve a case of purulent otitis media where it has been standing for a number of years without considering operation procedures. You have necrosis of the bone in the middle ear, together with the other usual unfavorable symptoms.

I could point out, however, a number of very gratifying results from surgical procedure even though the work has been confined to the hands of a few.

When I was in Europe four years ago, we visited an institution which reported that out of fifty operations, forty-eight of them had been relieved absolutely of the symptoms of which they had complained for years, that is, purulent otitis. It offers quite a field for the otologist of the future. A most interesting case occurred in the hands of a friend of mine during the past winter, which I am going to use here as an illustration, and it shows very clearly, when your patient dies, the absolute necessity of an autopsy, if such can be obtained. A patient was presented suffering from chronic mastoiditis. After consultation with a surgeon it was found to be an old ear trouble, a mastoid infection of several years' standing. Temperature 104. The surgeon decided to do a mastoid, which he did during the night. About four o'clock next morning he was called hurriedly. He found his patient dying from every symptom of hemorrhage. He went to work to revive him; but with negative result. Later his patient died; he insisted on autopsy and the privilege was granted by the family. He opened up the mastoid, but found that there was absolutely nothing wrong there. The result of the mastoid operation seemed to have had nothing to do with the death of his patient. Extending his autopsy further on, he found the left pleuro cavity filled with blood, and discovered a rupture of the esophagus at the lower third. His patient had died from this rupture of the esophagus, and not by reason of the mastoiditis.

Dr. Rowland: I believe that it is high time that some of us little fellows, the general practitioners, should have a say and divide honors with the surgeons and specialists. I want to say that I have had three cases. Two of them I operated myself. For one of them I got \$50 and for the other I didn't get any fee. The last case I turned over to a specialist and he charged one hundred dollars. All three cases had pus in them. We didn't find it in the antrum; but away below. In those cases I operated I just went in on my own hook, and the patients got well! (Applause). That is all you have to do! (Laughter and applause.)

The first case I operated on I didn't think it so difficult. The fellow had three fits before I operated on him. I operated four hours after he had his last fit, and he got well. What I want to say is that I would lay down this general rule for the country practitioner: If there is a good fee in sight, operate yourself; if there is not, let the specialist have it! (Applause). Don't get the idea that you cannot do it; you can if you try. There is not a man in the house who cannot do it—and do it just about as well as the other fellow, too.

A friend of mine had a case of a boy about four years old to which I was called in consultation with him. I advised operation at once, but the parents objected. It ran along about six months and then bursted itself and got well. While I endorse the operation, I do not think it so difficult but that any good surgeon can handle it successfully.

Dr. Scales: This seems to be a general operation both for the all around practitioner and the specialist. I notice that nearly every one here has had something to say about it. I was not willing to be left out; so I am on the floor. I am highly pleased at the progress that has been made in this Society during the last two years upon this very difficult operation. I have realized that these are progressive times and we were making rapid strides in every important work, and I am beginning to feel a little enthusiastic myself. I have always noticed that doctors have their ambition to fly a little too high. It is not long before something will come along and clip their wings. Whenever you have a theory that is convincing and fascinating and you begin to have confidence in your great ability as a physician, your feathers will some day be plucked out. I will relate an incident illustrative of the point I wish to make. I had a case of an obstinate, suppurating ear. I began to think I would never succeed in stopping the discharge. It discharged freely and continuously. The patient was a bright, fascinating young lady in society, and the pus discharging ear was very mortifying to her. I concluded to operate on her, doing the simple operation; I first removed the auricle, and after some six weeks did the radical operation. To my shame the pus continued to discharge about as freely and about as copiously as ever. I concluded that the only thing wrong with the operation was simply that I did not go far enough. I determined then that I would take her to some eminent otologist. I corresponded with Dr. Dench, of New York, and I went to see my friend Dr. Ballenger, of Chicago. We finally concluded that Chicago was preferable and we went there. Dr. Ballenger operated on her. She went on about a year and the discharge was just about as free as ever. I concluded that I would try Dench, of New York. When we got to New York we found Dench out of the city, and I took her to Dr. McKernon. I finally succeeded in curing her, by not only cleaning out the antrum, or tympanic cavity; but also had to curet the eustachian tube, which we found filled with necrotic tissue. We succeeded in checking the infection in this tube. The patient's discharge ceased.

Now, I believe that in many cases the general practitioner can operate these cases and cure them, where the specialist is not convenient to hand; but if you do this work and attempt to do it properly and successfully, you will find that you will run into a stump.

Another important thing is the after treatment. In general, despise not the day of small things. If there is any time on earth when knowledge is essential it is in handling these cases.

"Drink deep, or touch not the Pyerian Spring."

You will certainly be impressed with the importance of being well equipped when you come to study the operation and after treatment of mastoiditis.

Dr. ———: I would just like to say a few words in regard to the position of the general practitioner and his relationship to the specialist in matters of this kind. In mastoid it is true that there is no insurmountable obstacle to a good surgeon doing a mastoid operation and doing it properly and successfully; but at the same time I think there is no more damaging idea that could gain currency among the profession than that this is an unimportant operation; that it is to be attempted by every one without any special preparation for it. If a surgeon meets with a case and there is no specialist convenient, and it must be done, he should be prepared to do it and do it thoroughly and properly. Any surgeon of ordinary education with any amount of experience should be able to do this. Why hesitate, then, if it is necessary? But, gentlemen, if it is to be done by a surgeon or a specialist, I think he should enter upon it with full appreciation of the importance, of the danger and the necessity of doing it thoroughly and well. Above all things, if the surgeon or general practitioner doubts his ability to cope with this condition he certainly should not attempt it. If the St. Louis man is busy, get some other specialist or competent surgeon. It is his duty not only to himself, but his patient. If you cannot do it yourself, send it to some one who can. If you can do it yourself, do it in time, do it at once.

I did not hear the first part of Dr. Moulton's paper; but the discussion seems to take the trend that the doctor did not advocate a thorough and complete, or radical operation. I have seen Dr. Moulton operate on several occasions; not alone on mastoid cases, but all kinds of surgery, and I have never seen a man that is more careful or more thorough. I do not mean to be scattering any boquets; but I know that he is thoroughly conscientious and painstaking in his work, and whether he cuts into a sinus, or whether he opens up the mastoid cells, I am sure he is governed altogether by the condition that he finds at the time.

Dr. Thibault: No man can live to himself alone, independent of every other man. If a patient comes to us to get relief and anticipating that he will be relieved from pain, we should not undertake palliative treatment, until we know just what we are trying to do. The physician should understand what he is

expected to do. He should have sufficient confidence in his skill to feel that he is competent and capable of handling the matter intelligently. It matters not whether he be a general practitioner. This does not mean that he shall refer the patient to a specialist without investigation, but that he shall do so only after he reaches the conclusion that by himself he is unable to take care of the case.

Dr. Corn: In speaking on the mastoid operation, there is a point on which I would like to have some light. I would appreciate some information to add to the knowledge I have. A patient came to me complaining of a pulsating roar in her ear. Upon examination I found nothing wrong except two enlarged tonsils. She afterwards went to Chicago for treatment. On her return I examined her and found that the trouble was not entirely subjugated. When I got my ear close to hers I could hear it too. It was a distinct pulsating roar. This patient was operated on in Chicago, still the trouble was not remedied. I merely mention it to ask what the trouble was.

Dr. Dorr: I think and believe the mastoid operation is not very much different from any other kind of surgery. The competent surgeon should not anticipate unusual difficulties in undertaking it. If you can do an appendectomy, you can do as simple an operation as this. The fact is a great many of your patients will get along better without operation. Lots of them are simply drainage cases. Just leave the openings alone and your patient gets well by drainage. I think the surgeon should decide his cases and determine what he shall do. He should be governed by the conditions in every case, of course. No uniform rule of procedure could be laid down; he alone is to be the judge of what is indicated. I have operated on a dozen myself, and they got well. A great many others were treated without surgical procedure. The radical operation will be found necessary only in certain cases. We do a radical operation in cases where we have brain complication; and this is indicated always. It is indicated in the middle ear if these brain complications exist. In these cases the radical operation is in order; but I do not believe that every case requires the radical operation.

Dr. Moulton: Mr. Chairman, I certainly thank the audience for their kind forbearance and able discussion of the paper. I think that probably some of those who discussed the paper misunderstood me on one point, and that was in regard to opening the antrum. I did not say that I advocated as a rule the operation without opening the antrum. I was rather interested recently in reading the last of Politzer's works on the subject of the Schwartze operation, in which the antrum is opened in every case. As for the operation it is an old one. He says that modern teaching and experience shows that the simple operation is the better; that the Schwartze operation is not necessary in every case. It is older than the Schwartze operation as he describes it. He goes on to point out cases in which you will likely find it not necessary to open the antrum. He does not say that you must not be prepared

in every case to open the antrum. You ought to be ready to do so although you may not find it necessary. A very large number of cases, in fact a majority of them, you will not have to. There are some in which you find abscess, and these must be opened. In such class belong the two that I described—only two of the many cases in which I have opened the antrum. I have opened it in every case, except two. In these two, the ear suppuration had ceased a long time before the patient had begun to complain of mastoid inflammation. This is rare.

Now, in these cases you will all agree that if there was no exudate there could be no necrosis within the tympanum. Is it not likely in these instances that the antrum, that gateway between the tympanum and the mastoid cells, would have either shown pus or necrotic tissue?

The presumption in all of these cases is, the antrum became infected, as every book says that if you had circumscribed ear suppuration in the antrum. Now, how could you have circumscribed abscesses in the mastoid cells without inflammation in the antrum? Because, in almost every case that exists, that the inflammation has traveled from the tympanum, through the antrum to the mastoid cells; that is, probably a number of cells became involved in these cases, the pus traveling from the tympanum through the antrum to the mastoid cells.

Many cases of mastoid inflammation get well without operation as the gentlemen here have mentioned. These cases were probably of not sufficient infection. Inflammation was sufficiently inside other abscess, it became walled off—became circumscribed—as a result, became fixed in the tympanum and antrum. In one case I recall a circumscribed cell was opened and pus was found. A curet gouge was worked in every direction. The pus passes through a hole the smallest sounds could not enter.

Apparently if you go into the antrum you will not succeed in bringing about any helpful result. If you find discharge in such cases, what is the use of opening the antrum. If you have a normal tympanum it is likely that you have a normal antrum.

Politzer goes further: he as a rule advocates opening and searching for pus coming from the abscess into the antrum; and if you don't find necrosis leading to the antrum, don't open the antrum. But I believe that the safer rule is to follow the teaching of our other authorities, except in a majority of cases, and open the antrum.

Dr. Scales spoke of a case in which he had trouble with the radical operation. This simply reminds us that the radical operation does not always cure chronic suppuration in the middle ear; yet it is worth while to consider especially unfavorable conditions and peculiarities of infection that obtain in some cases, where even the radical operation has not afforded relief.

ASPHYXIA NEONATORUM.

Nitroglycerin in Resuscitation of the Still-born.

(By Dr. E. H. Winkler, DeWitt.)

The doctor's mission is to save and prolong human life under any and all conditions, and the circumstances surrounding the infant (which will be spoken of later) make the work imperative and necessarily rapid. Since the title of my paper is a little misleading, I will speak only of those cases where the child was alive at the beginning of labor. The causes of death or apparent death of the foetus, are, mechanical interference with the circulation, of which there may be several varieties, viz: prolapsus of the cord, cord wound around the body, limbs or neck, and being drawn or compressed so tight as to cut off circulation, or being too short produces the same result, true knots in the cord drawn too tight in the progress of labor, too short cord causing it to rupture during delivery. Premature detachment of placenta from cord being too short or from other causes. Large child and long tedious labor, with too great pressure on brain, resulting in hemorrhage into brain. Accidents from operations caused by bad presentations. Drowning from excess of amniotic fluid. This last may sound a little odd, but I believe there are doctors here who have had such cases that can corroborate my assertions. How could this occur? In exceptional cases, the child may not only make inspiratory efforts but actually give utterance to sounds in utero-vagitus uterinus, and if amniotic fluid is in excessive quantity and the sac has ruptured in utero and is plugged by presenting part, under force of contractions the liquid be forced into lungs and stomach, and some cases just after delivery there follows such a gush of water and blood that just at the moment of delivery the child makes an inspiratory effort and a quantity of the fluid is forced into the lungs, and in cases when delivery occurs before the doctor arrives the child may be found lying in a pool of water and blood and in its inspiratory efforts strangled to death, the attendants not having sense enough, or momentarily expecting the arrival of the doctor, failed to attend to the child. After delivery the asphyxiated child may present one of two appearances—asphyxia pallidior, asphyxia livida. In both, respiration is in abeyance or occurs only in gasps, while the heart beats slowly or feebly. In the former the surface of the body is pale and cold, the extremities hang limp and the child fails to respond to the usual external stimuli. In the latter, it presents a congested or livid appearance, which is usually attributed to overdistension of the right heart and the inferior vena cava. This form of asphyxia is usually more amenable to treatment than the pallid variety. Asphyxia neonatorum is always serious. The prognosis is more favorable when it results from mechanical interference with the placental circulation, but is far less so when due to intercranial hemorrhage, fracture or depression of the skull. The cases of asphyxia from drowning and hemorrhage into brain are least hopeful of all.

In the case of drowning the impossibility of getting all the fluid out of the lungs is one of the most serious difficulties and the lungs of the infant are so weak that if much fluid has been forced into them they will be ruptured. The brain can stand considerable pressure from hemorrhage into the hemispheres, but at the base it is more serious.

Treatment: If we always had ideal conditions and surroundings, the mortality would be very small, but in a large number of cases the conditions are anything but ideal. When called to a case in time or when I have been engaged beforehand, in my instructions to the parties I always tell them to have plenty of water heating. It forms a very important part of the treatment. Normally the child should make its first inspiratory movement a short time after it emerges from the vulva. Most authorities tell us to sever the cord at once, and begin efforts at resuscitation, etc., others not, claiming that to allow a little blood to flow will help re-establish circulation. In some cases of asphyxia pallidior, I do not always ligate immediately, only in cases of premature separation of the placenta, even when I can not detect any pulsation in the cord. After, or before ligating, the child is immediately grasped by the feet and inverted and given a few vigorous slaps, or a dash of cold water to the body; this failing, other methods must be tried. Bathing alternately in hot and cold water, rubbing with brandy or whiskey, Hall's method, Schultze's method, Sylvester's and Laborde's methods, injections of strychnia, ether, and whiskey. You are all familiar with these methods so your time will not be consumed by repeating them. No one of them is always successful, in fact, portions of all of them are nearly always used in extreme cases. Formerly, I ligated as quickly as possible, first clearing the throat and mouth of mucus, and, when I had it, immersed the child in hot water (except the face so no water would be swallowed), and, in addition to rubbing, would make rythmical pressure on thorax, using considerable force. I have one of the attendants seated near me with a warm cloth across the knees, and after the child is thoroughly warm, lift it on them with the head hanging down, use Sylvester's and Laborde's methods. Laborde's method I consider the best of all the ones recommended. It can be used while child is in the hot water, which aids it very much. If these fail the prognosis is gloomy. It is just in these cases and where you don't have much of anything that you want and need that I wish to call your attention to the ideal stimulant, that I have used for years with entire satisfaction. It is nitroglycerin. It can be applied quickly and effectually under all circumstances. It is one of the few drugs that are more rapidly absorbed from the tongue than any other way. Of course it must be in solution, and while I carry granules and tablets of it, I carry the standard 1 per cent solution in a small strong amber colored bottle with an extra long cork. One minim equals 1-100 grain. If the tongue is too retracted I draw it out with the forceps, and touch the tongue with the cork, previously wet with nitroglycerin, and if there's a spark of life in the child,

even though no heart beat can be detected, the result is almost instantaneous. The child will gasp, give a convulsive movement, and you will have the pleasure of feeling the heart beat, and in most cases it will continue. This is in the most favorable cases. Others may require two or three doses and the warm bath and a few motions of Sylvester's method to make sure. What is the dose given in this crude, uncertain manner? Approximately 1/300 grain, but I have given as much as a full drop at a single dose, and three such doses in desperate cases without any harmful effects. It is my sheet anchor, and if you cannot resuscitate them with it, nothing else will. Understand me, it is used as the stimulant, re-inforced by the other methods when necessary.

The hot bath is a very important adjunct. The child just having emerged from a warm medium it is absolutely necessary to keep up the warmth of the body, besides is most valuable stimulant effects. I have the water so hot that it almost takes the skin off the fetus, and one advantage is that you can use Byrd's and Laborde's method with the child in the water. Don't give up too soon. I have worked for two hours with them, and there are girls and boys living today, almost grown, as results of faithful persistent work when others have given them up.

Although I have seen nothing in text-books or journals on the use of nitroglycerin in Asphyxia Neonatorum, I do not claim originality in its use. Some of the doctors here may have been using it for years and never reported it. I will not burden you with reports of cases; try it yourself and be convinced. It is cheap, keeps indefinitely when kept tightly corked, is quickly and easily applied.

It is the doctor's duty to do all in his power to save life. You have heard that "there are two sides to every question." This one has three sides. The moral side, the legal side and the doctor's side.

The moral side: Once let it be known that a doctor does not try to save cases of this kind or thinks it wrong to do so (some put on a very religious face and hypocritically assert that it was predestined that way), and the number of infanticides and abortions that will occur in that doctor's practice will be appalling. And they will not be all illegitimate children, either; but among the married and so-called best people of the country. They will come putting up every imaginable and unimaginable excuse in the world, and if that don't go, they will resort to all sorts of lies. The moral standard will sink in consequence.

The legal side: The child has a right to live. With the enormous mortality among children, and the constantly decreasing birth rate, such as to cause alarm among many nations, the law demands that the life be saved. Even if the doctor, knowing the ancestry of the child, what hereditary diseases may be transmitted to it, what its environment will probably be, were given prophetic vision to see whether it would be a blessing or a curse, it is his duty to do all in his power to save it; since the child is helpless, and so often unwelcome, the doctor must be doubly guarded.

The Doctor's side: Every physician who has practiced any length of time has had cases come under his care where he felt that the death of the child, possibly the mother, would be a blessing, but of all the fool ideas promulgated for killing the aged, the helpless and the incurable (bills being introduced in some legislatures to that effect), none have been sanctioned by the true physician. Bribery, threats, ties of friendship, influence, position, entreaties, must be met and overcome by duty. If not, he will soon become an outcast from the profession, to say nothing of possible citation before the courts of the land on charge of murder or accessory to it. There are cases on record where physicians have left the child getting along all right, to learn a few hours later that it is dead, and they have been blamed for it, and no amount of explanation will suffice to remove the suspicion from him, and when the grand jury calls on him for an explanation his reputation is seriously impaired. I know of two cases in our own county, and so strong was the suspicion of foul play, and that the doctors were as much implicated as any one else, that when the grand jury failed to indict them, some went so far as to say that the jury ought to have been indicted.

In these days of graft, dishonesty and rascality of every form, it is to the honor of the medical profession that few have yielded to temptation, and today, as in the past, they are the leaders in all that is right, pure and good.

—X—

SOME CASES OF CONSERVATIVE SURGERY.

(By H. C. Dunavant, Osceola.)

On August 6, 1905, Mr. Henry Guiman, of Luxora, a neighboring town, brought his son to my office for examination. He stated that something over a year previously, his son had while walking over some cane stubble, snagged his left heel, and that he had immediately placed his son under the care of an irregular, undergraduate physician, who had done nothing but make some local applications. That his son had continued to suffer with much pain, swelling and suppuration. I found upon inquiry that the boy was about twelve years of age. He was very much emaciated. Had been having for sometime, rigors with elevation of temperature. Skin over and around the whole calcaneum very oedematous and red with discharge of pus from several small openings in the skin. It was very evident from my examination of the case that there had been an extensive osteomyelitis which was then in chronic form, dating from the stab wound of the cane stubble over one year previous. A probe through one of the openings came in contact with some soft necrosal bone. I informed Mr. Guiman that an operation for the removal of a portion, or possibly all of the large bone in the heel, was necessary. This was on Sunday morning, and I had him return home with his son and prepare him for an operation on the following Tuesday morning.

On Tuesday, the 8th, assisted by Dr. Houghton and Dr. Erwin, after chloroforming, I made an U shape incision around the posterior

and both sides of the calcaneum and as I had anticipated found the bone necrosed to such an extent that I succeeded in scraping out the whole of the bone with a heavy bone scoop, or curette, leaving the periosteum intact, except on the outer side where I found the offending piece of cane stubble about a quarter inch by one inch long, which had by its long and continuous irritation destroyed some portions of the periosteum. Knowing restoration or regeneration of bone to frequently take place in young healthy subjects after osteomyelitic necrosis, I was careful to save all the periosteum possible with tendons, and the insertion of the tendo-Achillis. Very little hemorrhage. Packed the cavity with five per cent iodoform gauze, used no sutures to close the wound.

This boy made a perfect recovery. There was a sufficient restoration of bone for him to have a good serviceable foot. His father being a farmer informed me that he is able to do any field work for a boy of his age.

The point in this case I think is the showing of the osteogenetic power or possibilities of the periosteum after such a long continual traumatic osteomyelitis.

On Nov. 24, 1905, I was called by Dr. T. over the phone some five miles in the country, and asked to come prepared to amputate a leg. On my arrival I found a colored boy about eleven or twelve years of age, in good physical condition. I learned that on the day previous, or Nov. 23rd, he had received the injury, which badly crushed the bones of his left lower leg about the middle and lower third, and that he, Dr. T., had removed several fragments of bone from the tibia and thrown them away and put in a temporary dressing awaiting my return from Memphis.

After getting everything ready for amputation, chloroforming, etc., I proceeded to remove the dressing, and found that the skin over the anterior portion of the tibia was torn and pretty badly contused, though all the other soft parts, blood vessels, nerves, tendons, etc., were in good condition. Knowing the possibilities of conservative surgery, I immediately changed my program and determined to make an effort to save the leg. Making an incision along the anterior portion of the tibia. I was able to flex the foot and ankle, and expose the jagged ends of the tibia. The fibula had only a transverse fracture. Peeling up the periosteum I was able to saw off the four fractured ends evenly. After using the bone drill I was able to bring the ends of both bones together, using twenty days chromicised cat-gut. There was very little loss of blood, not having to use a single ligature.

Anticipating infections from the surroundings and the manner in which the case had been handled, I then placed the leg in a plaster of paris bed, with a hinge on the posterior portion, so as to have ample room for dressing. As I suspected, there was infection, pus formation beginning in a few days, and I was fearful that I would be forced to amputate, but with free use of peroxide of hydrogen and iodoform, I was able at the end of seven or eight weeks to turn the boy loose with a fairly good leg and he is now able to be in the

field at work. While this leg is about three inches short, it can be very easily remedied by properly adjusted shoe, and this boy will get on through life much better than without his foot and leg. The only point of interest in this case is, being able to overcome the infection of such long standing, and getting union of these bones with a good serviceable limb, without secondary opening of the wound.

DISCUSSION.

Dr. Crutcher: There is one point that I would like to speak of, and that is about the twenty-day chromicised cat-gut. I remember one perineum gave me some trouble. I used the twenty-day instead of the plain cat-gut. It took me about five weeks to get that patient well.

This is what I call surgery. That is the kind of surgery that we all ought to be proud of. Any man can do a clean laid-out operation if he has had the training to do it, but it is the judgment to know when to remove a leg and when not to, that I call surgery. (Applause.)

Dr. Snodgrass: I desire to commend the paper. I think it better surgery to save a leg than to amputate one, and I always try to work on that basis. He considers himself a very poor surgeon in his opening remarks, but I consider him a very good one, if he can report results of this kind.

Dr. Dunavant: I have nothing to say, only to thank the gentlemen for their commendation of the paper.

In regard to Dr. Crutcher who speaks of the chromicised cat-gut, I differ with him in regard to the use of it. I use it in closing all my perineal operations, and I find nothing but the very best results. In these cases I think it is better than the silk-worm gut, because in the latter case you have something that is constantly liable to set up an irritation. It may not do it, but I feel that I have never yet found anything but good results from chromicised cat-gut, and I use it in the closing of all perineal operations. I believe we would all get better results from the use of the chromicised cat-gut, if we can get the good quality, than we can from the silk worm gut. The silk worm gut is a constant source of irritation. I do not mean that there is any infection in it, but it remains hard and brittle, and pricks and irritates the parts as long as it comes in contact with them. It is an ideal thing if you can use it on the outside surface, but where you use it on the floor of the with it, and I never had that to contend with perineum, the patient is going to be constantly complaining of it. That has been my experience where I used the 20-day or 10-day chromicised cat-gut.

—X—

THE PRACTICE OF MEDICINE.

A Brief Essay on the Relations of the Physician and Surgeon.

(By Dr. Edwin Bentley, Little Rock.)

When asked to prepare a paper for the annual meeting of the Arkansas Medical Society on the practice of medicine, it seemed a little embarrassing to have been selected for this duty, having been a teacher of surgery

for over thirty years and a medical officer of the United States army for forty years, and having seen service in the civil war and Indian warfare. The compliment, however, was soon recognized by me, that one experienced in the treatment of patients in hospitals, asylums and penitentiaries would be likely to have some knowledge of the practice of medicine.

It occurred to me that it would be well to give in this paper some expression of my views in regard to the relation of the physician to the surgeon, and especially at this time, when the ambition of every doctor is to be a surgeon; indeed, it would not seem to be a long stretch of the imagination to feel, that with the tendency of the times, therapeutics is in danger of being reckoned with the lost arts, for all valor and success in transforming diseased conditions to health rests on the knife and scissors with all cutting appliances and their associate paraphernalia. That surgery is a great mechanical art and that diagnosis is a greater scientific accomplishment, there can be no question. A successful operator should be a practical anatomist, with the added qualification of a physical and mental fitness for his vocation. Being possessed of these essential properties a beautiful operation is executed in a limited time to the admiration of assistants, observers and all interested parties.

The patient is put to bed under the most favorable auspices, and the most gratifying enthusiasm pervades all concerned. The shock seems to be greater than one would desire, and the patient does not rally well from the anesthetic, although fully under its influence was completely unconscious and did not move a particle, during the operation—or the surgeon could not have done his work. One might wonder how those distinguished operators of former times did their work before the era of anesthetics. On the whole the patient does not do well, and considerable anxiety and solicitude is being felt. No fault can be found with the operator for the work was successfully and beautifully done.

Now let us witness another operation of similar character, performed in a somewhat awkward and clumsy manner. The patient exhibits partial consciousness several times during the operation, which was somewhat protracted; in fact, but little dexterity appeared to be exhibited during the operation, which is finally fairly well completed. The patient is put to bed, soon reacts from operation and anesthetic; complains of pain, and on the whole is suffering considerably and feels very badly. Both patients ultimately get well. The former after a long and tedious indisposition. A portion of the convalescence being spent at some watering place, seashore or other salubrious and health giving climate is selected to aid in restoration.

The latter patient has a rapid recovery, and fortunately—from lack of pecuniary ability—does not need any of the advantages so essential to the complete restoration of the former case.

The inquiry is natural. Why is this great difference in two similar cases? It is plain

that the surgical technique in the former case was complete, and the execution of the operation was without a fault. Why, then, did this patient rally so slowly? Why was the shock so great and the convalescence so long protracted? Was the patient too thoroughly narcotized, or too poorly prepared for the operation? Why did the latter case convalesce so rapidly? Was it due to a natural physical capacity to endure torture, to tolerate pain, or endure suffering, or was luck or fortune the potent factor in these cases?

It would seem to an unprejudiced observer that a solution of this matter is susceptible of easy and plain interpretation. In the former case the surgeon—an accomplished operator and anatomist,—depended entirely upon his unquestioned ability to execute the work, in the most perfect manner, and on the completeness of his technique, with his reliable and experienced assistants, without taking into account such medical preparation of the patient as the physical condition of the constitution of the case might indicate, or such after treatment, as an experienced and competent physician might suggest.

In the latter the physical condition of the patient was in no way embarrassed: and nature was able to meet the emergency arising from a somewhat awkward and bungling operation, assisted by such agencies as a skillful and observant physician could administer, being able to interpret the full force of every symptom. Demonstrating the marvelous effect of therapeutics, when administered in the right way at the right time; also the importance of the practice of our fathers, in having patients recover when practically fairly well prepared morally and physically for an important operation.

The solution of this whole matter is simple enough. The relations of the surgeon and physician cannot be divorced with impunity. It is a relation as natural and inseparable for the successful well being of the profession as the union of the sexes is for the perpetuity of the race. Surgery, with all its accomplishments and brilliant discoveries and contributions to the great art of healing, can never afford to relinquish, in any degree, its relation to its twin brother—the physician. Better the surgeon, the better physician he may be. It is not easy to conceive a physician being a surgeon unless he is an anatomist. Better the physician the better surgeon and anatomist will be.

No school, or college, or university, can make a surgeon, unless he possesses naturally the inherent properties which are essential to success. He must have a certain amount of tact and mechanical ingenuity. He must possess quick perception and fortitude. He must have a fondness for the profession; a determined, resolute and unyielding purpose, combined with the most gentle touch and manner. He must be cool, sincere and deliberate. Such are some of the qualities which the students should possess, and which are as difficult to acquire as it would be for a gold medal to be formed from any of the baser metals, or for

a lapidary to finish a diamond with all its brilliant and sparkling rays from anything but the real stone.

The physician's qualifications admit of a greater range of properties and acquirements, from the highest attainments of science, philosophy and literature, to the lowest groveling impostor, who assumes to be something that he is not, and advertises himself as a physician.

The recognition of a competent and accomplished surgeon should carry with it the properties of an experienced and practical physician, and when these qualifications are not clearly defined in one, a consultation should be in order, so that the patients may have the full benefit of what the science of medicine is capable of producing. These are some of the qualities that are supposed to be embraced in the much-exalted expression, "A liberal education, or profession." With these harmony should be the prevailing sentiment.

"The Practice of Medicine" is the subject assigned to me, and if experience is to be my guide, the task is an easy one. To the physician, as well as to the surgeon, a correct diagnosis is the first and most important element in the correct management of the case. Diagnosis should, therefore, enter largely into the curriculum of the doctor's study. Diagnosis is a direct alphabet to the more detailed study of the case. Having determined the case, he is prepared to elucidate it to any extent, in detailed and diffused accounts, which are found in the extended treatises on general practice. While without a correct diagnosis in the beginning, this detailed study, in the elaborate and diffuse works on practice, will serve to confuse rather than make clear the object of inquiry. Some system is better than none at all, though it be a poor one, in searching out the mysteries of abstruse and hidden malady. With the correct diagnosis the elucidating follows as a natural sequence in the elaborate and diffuse treatises, but without it the situation is as perplexing as searching for a word in a lexicon that we are unable to spell. The older brethren—it is natural enough—are settled in their ways and have methods of their own. To them might apply that a poor system is better than none, and yet they may have the best and the profession be no wiser, if they do not give their fellows the advantage of them.

It would be presumption in me to assume the roll of dictator before this august body, the chosen representatives of the profession of Arkansas. It has been my purpose only to suggest plans, that have been found of advantage in the various researches that one has

occasion to make in the investigation of occult condition, in the hope that in the review some points will be suggested of equal advantage to me as to you.

The essential element we would insist on in the practice of medicine, or surgery, is a correct diagnosis. Then the condition of the subject with which we have to deal, both physically and figuratively. From a professional standpoint the present condition of the subject, with which we have to deal, is of first importance. Here physiology and pathology possess a wide range, and their value is of immense importance. The condition of the part affected, represents the pathology of the case. The ability of the part, in its morbid condition, to represent the function of the part, in a way to satisfy the requirements of the part, in the healthful perpetuity of the individual, is the physiological requirement; and in this stage of the case the stamina of the individual, his power of resistance, or reaction, in warding off the invasion, or continuance of any existing or impending condition. In this the habits of the patient and those of his family may be an important factor in summing up the prognosis.

In all these matters the family physician is an important factor. He may hold the ruling card, and he cannot afford to be ignored by the consultant. He may have attended the generation for a life time. He has been with them in all of their physical trials, in sunshine and in storm, by night and by day, amidst summer's heat and winter's cold as a ministering angel; and oftentimes in domestic matters, he has been a wise consultant and adviser; therefore the family physician holds an exalted position, though he is often ignored by influences from without. Still he must ever be a latent potent factor with the families with which he has been long connected.

The surgeon is often an invasion from without, to do special work in some special and anomalous case. In this he is often helped out—if not at first ingratiated—by the family physician. All of the forces should work together without friction or dissension.

In this way the general practitioner and the specialist may work together for the common good, effecting results that could not otherwise be well obtained.

With these views a hastily written paper is submitted to the wise consideration of my fellows of the Arkansas Medical Society, asking such indulgence for its faults and requesting such criticism of its contents as the experience of the Society may warrant.



THE JOURNAL

OF THE

Arkansas Medical Society

Owned and Controlled by the Arkansas Medical Society with
no Other Proprietary or Business Interests Whatever.

PUBLISHED MONTHLY, Price, \$1.00 a Year in Advance.
Single Copies 10 Cents.

Published on the fifteenth of each month under the
direction of the Committee on Publication.

Entered as Second-class matter, June 21, 1906, at the
post office at Little Rock, Arkansas, under Act of Congress
of March 3, 1879.

All communications to this Journal must be made to
it exclusively. Communications and items of general interest
to the profession are invited from all over the State.
Notices of deaths, removals from the State, changes of
location, etc., are requested.

Our readers are requested to send us marked copies of
local newspapers containing matters of interest to members
of the medical profession. We shall be glad to know
the name of the sender in every instance.

Matter appearing in The Journal of the Arkansas Medical
Society is the property of the Society, but as a general
thing, no objection will be made to the reproduction in
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columns if proper credit be given.

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It will be satisfactory to all concerned if authors will
have their contributions typewritten before submitting
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the satisfaction is great to the editor and printer. The
Journal will not be responsible for the views of any
contributor.

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Advertising forms will go to press eight days in advance
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cines must be accompanied with formulae.

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In ordering a change of address it is important that both
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Address all communications to C. C. Stephenson, M. D.,
Editor Journal Arkansas Medical Society.

Wika Building, Little Rock.

PAPERS READ BEFORE THE STATE SOCIETY.

We wish to emphasize the importance and
necessity of turning over to the stenographer
all essays as soon as the reading is com-
pleted. Heretofore there has been consider-
able trouble and annoyance occasioned by the
essayist insisting on carrying away the paper
with them; and then neglecting or refusing
to return them promptly, so that they may
be printed. In order to avoid any confusion
or misunderstanding in this matter, the Pub-
lication Committee has decided that in no
case will any essayist be allowed to carry his
paper away after being read; but it must be
deposited at once with the stenographer as
soon as read. We do not wish to be consid-
ered arbitrary, but this rule will not be devi-
ated from under any circumstances. So,
please bear in mind, once for all, that it is
your duty, when you have read your paper
to hand same to the stenographer. Please
don't wait for him to ask for it.

This is not written to make any one feel
unkindly toward us; but only to avoid unnec-
essary delay, confusion, correspondence and
annoyance. It is impossible to impress upon
the members the amount of worry and labor
that is occasioned by one member holding
back a paper that has been read. Frequently
printers have to stop their work for a week
or more, waiting for this one paper.

It is then, to prevent matters becoming
confused, forgotten, overlooked, or neglected,
and to forestall mistakes which it might be
possible to avoid, that we urge upon all to
just try to do their part. Therefore, kindly
hand your paper to the stenographer immedi-
ately after you have read it; and *don't
forget it!*

STATE MEETING.

This issue of the Journal is to be published
on the first day of May, in order that it may
reach our membership before coming to the
State meeting, and in order that we may
complete our annual volume and that our
printer may bind same for delivery at this
meeting.

Now, doctor, as a member of the Arkansas
Medical Society, let us urge you again to do
your duty and attend our annual gathering;
and not only come yourself, but bring your
wife or your ladies. Try also, to secure the
attendance of as many from your county as

you possibly can. Let us urge you to take part in the proceedings of your Society. Do not compliment every man that reads a paper, and say that his essay is a masterpiece of construction; but if his views do not agree with your convictions, freely and frankly tell him so. You will soon see that discussion will be forthcoming; and a paper read without discussion is a flat failure. You may set it down as a fact that a paper unworthy of discussion is one which will do the membership very little good; or, on the other hand, the author has reiterated something that every one feels will not admit of controversy; so that in either case, it has failed of its mission.

The local members of the profession will see to it that you have just as good a time as it is possible for us to give you. You will observe in the program a detailed announcement of all the features comprising the entertainment. We trust that we shall greet five hundred members of the Arkansas Medical Society at this meeting, and not less than three or four hundred ladies accompanying them, to make the sessions brighter and better.

May we not look for you, doctor?

—X—

A WORD CONCERNING OUR JOURNAL.

With this issue of the Journal of the Arkansas Medical Society the volume closes. With this issue all the papers read before the last annual meeting have been published save one; and this one, as has been stated in a former issue, could not be obtained from its author on account of his refusal to submit same for publication after agreeing to do so.

The volume will be bound ready for distribution at this meeting of the State Medical Society; and the Committee on Publication has ordered four hundred volumes, anticipating that 400 of our members would subscribe. The publishers agreed on their part to print two hundred extras, so that when the original four hundred ran out, we could have this stock to draw from without any additional cost to the State Society. The Publication Committee was compelled to order four hundred bound volumes, that they might gain in certain ways in our publications. Now, it is with our membership whether we shall lose the money put into this binding or not. The volume will cost eighty cents delivered by mail or express, or sixty cents if delivered to you here.

We trust that every member of the State Society who is present will avail himself of the opportunity of securing our annual volume. In this way we shall be able to dispose of the entire published edition, and perhaps draw on the reserve stock.

The question now arises what shall we do with our publication? Shall the Journal be continued for another year, or shall we go back to the Bulletin again and restore the annual volume of Transactions? The Secretary is firmly of the opinion that it would be a retrograde step to make any change at all, except for the betterment of conditions. We cannot afford to be without the State Journal. It would be much better to vote to make the present Journal better than it is.

Your Secretary has given his best efforts to get out a Journal which would be acceptable and at the same time creditable. How far he has missed this in the estimation of the members is a surmise on his part. We feel and know that there are grounds for improvement; but at the same time it might be well, on account of the increased price of everything pertaining to the printer's art to curtail the number of reading pages from 48 to 32; or raise our dues to meet this increase in cost. It must not be overlooked that while we are paying now from twenty-five to forty per cent more for everything connected with our printing, our dues have remained stationary.

By all means, let us not do away with our Journal. It will be much to our discredit to take a backward step in this matter. The State Societies all over the Union are, one by one, abandoning the volume of Transactions and getting out a State Journal; in fact, the State Journal is here to stay. It is full and complete and fills a long felt want in our State, and has become a peculiar necessity of itself. In other words, it works valiantly for organized medicine, while the privately owned journal works for its owners, and things coincident with their success. The Journal of the American Medical Association is, you might say, the fountain head from which springs efforts to further medical interests and better conditions all over the Union. So, we are facing a fact, which we must realize as a fact; that is there is ample room for a State Journal in every State, it makes no difference how many privately owned publications there may be; nor does it mak any

difference how many members subscribe for the Journal of the American Medical Association, every member of our Society should feel enough interest in his own State organization to vote for a State Journal, which is the medium through which all organized efforts in the State shall be transmitted to the membership. Then, if we can make our Journal much better than it is and enlarge its scope, which we earnestly believe is entirely feasible, let us vote to retain it as long as possible.

—X—

MEETING OF HOUSE OF DELEGATES.

The Committee on Scientific Work and Program have decided that in order to facilitate matters this year, the House of Delegates shall convene on the morning of the day before the annual session, thus getting through with the legislative part of the meeting, and permitting the delegates an opportunity to attend the sections on scientific work. It may be said that heretofore we have had too much legislative and too little scientific work; but let this meeting be noted for its large amount of scientific work accomplished, and the small amount of legislative work. We do not mean for our House of Delegates to overlook or run over hurriedly those matters needing attention; but let us do what is to be done the day before, in order that the delegates may have the three days to which they are entitled to be in the general session, and hear the section work. Bear in mind, then, that the House of Delegates will convene on the morning of Tuesday, May 14th.

—X—

BOODLE INVESTIGATIONS.

The recent shameful disclosures that have been made concerning the corrupt practices in the legislatures of Arkansas, which have been aired through the newspapers for the past two years, brings to mind one fact, which is every important and should not be lost sight of; and that is, in all the rottenness and corruption, bribe giving and bribe taking, graft, hypocrisy, deception and dishonest practices among men in the various walks of life, such as would bring the blush of shame to the cheeks of depravity; I say, with all of this, not one of the medical men is found among this "bunch of ducks."

Take this fact in connection with the

corruptions that have been unearthed among the officials of insurance companies, and we find there the medical profession with its garments clean. It leads us to believe that of all classes of professional men the medical profession is the one that is not only above reproach, but is one that cannot be bought nor bribed. It neither gives nor expects gifts. It occupies the high plane of honesty, never swerving to the right, nor to the left; but always engaged in the discharge of a duty for the betterment of conditions and to make the world a better and brighter place to live in. And, yet, so few medical men ever have an opportunity of lifting their voices in legislative halls; but it may be that there is no honor to the medical profession in being elected to a place where they will associate with, or brought in close proximity to the wily practices and slippery arts and tricks of the ordinary politician that infests the United States at the present time.

Arkansas is not the only state in the Union that has had the limelight turned on; but in no State have we found where the medical profession has besmirched itself by disreputable practices. This should be sufficient to elevate more highly the opinion of ourselves in our mind, if not in the minds of the laity.

—X—

Important Notice!

Remember that the State Society meets Wednesday, Thursday and Friday, April 15th, 16th, and 17th. The House of Delegates Tuesday morning, 8:30, the 14th.

Remember that the American Medical Association meets at Atlantic City, New Jersey, June 4th, 5th, 6th and 7th, and that special rate tickets will be on sale beginning May 25th.

—X—

LOOK OUT COMMITTEE.

In another column will be found a communication and newspaper clipping from Dr. Olive Wilson, of Paragould.

It is apparent from the reading of this, that one thing that is needed in every county society is a "Lookout Committee" composed of three members whose qualifications such as good judgment, courage, knowledge of law to some extent and men whom the laity have

utmost confidence in, and whose opinions are acceptable by the laity. In fact men such as eminently fit them for the duties of such committee and above all, men who will discharge their duty fully and fearlessly, and not perfunctory, or not at all. This committee should be empowered by the county society to investigate every itinerant and suspicious character, with the view of prosecution where the law is being violated. The county should back up this committee in every way possible and about the only backing that would be required would be moral encouragement. Employ an attorney if thought best, but the prosecuting attorney is at your command without cost to the society. These fellows should not be allowed to infest the State. Every county should, and can rid itself of these "fakirs" if they will. The State society can provide for the creation of such committee. Shall we take this matter under consideration, or remain quiescent and allow humbugs to continue their swindling games?

—X—

A PROPOSITION TO CANVASS FOR MEMBERS.

The Secretary has received a proposition from Dr. Green, of Chicago, who is Assistant Secretary of the American Medical Association, relative to placing paid trained canvassers in this State to urge non-members who have not had the matter of becoming members properly placed before them, to unite with their County Society. These canvassers have just finished the States of Missouri and Texas, and it is desired that the work in Arkansas be taken up at once to follow upon Dr. McCormack's recent visit. The gain in Missouri was something like six hundred new members; and we do not know what the gain in Texas is.

The idea is this: The work is to be done under the direction of the Councilor. The trained canvasser, such as is sent out by the American Medical Association, first goes to the Councilor to receive a letter of introduction to the County Society and the County Secretary in turn will give him a list of his members and non-members. Armed with the names of the non-members whom the Secretary deems eligible, and who are in his estimation acceptable as members, the canvasser endeavors to secure applications. He goes to the non-members and places the

matter before them in a way that the member of the County Society does not take time to do; in fact, he presents it in the form of an attractive invitation and in a manner that it has never been presented. In other words, he is made to see the benefits of organized medicine that he is losing through being on the outside.

We have telephoned and telegraphed the nine members of the Council (the tenth being sick in bed and unable to transact business). Eight of the ten members of the Council have agreed that it is in their opinion, the very best thing to do; and the President of the Arkansas Medical Society also endorses the movement. The Secretary wrote to Dr. Green accepting the proposition, and we assume that by the time the Journal is in print, these men will be in the field of Arkansas at work. May we now ask the county membership propose to their Secretary the names of those whom they think would prove eligible and acceptable members? This will save considerable time and facilitate matters; and we will ask that so far as is practicable, our County Society membership get in touch with these canvassers, while they are at work in the various counties in Arkansas, and assist them in every way possible. Make their acquaintance, because they are good men and are actively engaged in a good work in our beloved State.

We certainly believe there is great room for an increase in our State membership, and we verily believe that our membership can be increased by five or six hundred with very little effort. Could we have 1,800 to 2,000 it would mean much for organized medicine in our State. Let's help all we can.

—X—

REVISED CONSTITUTION AND BY-LAWS.

Our revised Constitution and By-Laws, as proposed for adoption will be presented to the House of Delegates at this meeting for consideration. We trust that our House of Delegates will see to it that this revised Constitution and By-Laws, as has been revised by the Revision Committee from the A. M. A., will be adopted. In fact, it is the request of this committee that all States have a uniform Constitution and By-Laws. Nearly all of them are working under this revised Constitution and By-Laws at the pres-

ent time. There are some changes that are material that Arkansas should be enjoying, which on a comparison will be noticed.

The Secretary has had a copy of this Constitution and By-Laws printed, to be distributed to every County Society in the State, as the law directs. We trust that this time, barring out typographical errors that have crept in, which, seemingly was unavoidable, the code as rendered will be accepted, or settled as to whether we shall adopt it or not. The thing for the House of Delegates to do is to adopt this uniform code of Constitution and By-Laws; and then, in turn, every county in the State do like wise and adopt the Constitution and By-Laws, as has been prepared for the government of County Societies; then, there would be uniformity all over the State. In fact all elections should be held on the same day; dues should be called for and paid at the same time. This should not only be in Arkansas, but should be all over the United States. Uniformity in everything would be much better than having every one use his own judgment, and going it as he thinks best. We sincerely hope that this revision will be adopted by our State Society without a dissenting vote.

—X—

BIG DAMAGE SUIT AGAINST HITCHCOCK.

Suit for damage of \$100,000 was brought at Hot Springs against former Secretary of the Interior E. A. Hitchcock by Dr. P. G. Rider. Hitchcock was a guest of the Arlington hotel, and, taking advantage of his presence in Hot Springs, Rider brought action in the Circuit Court through his attorney, R. G. Davies. The suit is based upon arrests and prosecutions of Dr. Rider for alleged violations of the rules and regulations of the interior department, which were promulgated when Mr. Hitchcock was a member of President Roosevelt's cabinet.

The body of the complaint filed in court contained the following allegations:

"That the defendant contriving how he might injure and annoy him in his business, subject him to disgrace and ruin him financially, and conspiring with M. A. Eisele, W. G. Whipple and others, caused statements to be made that plaintiff was a quack, dishonorable in his profession and incompetent to practice his profession, and caused false and fraudulent criminal prosecutions to be instituted against plaintiff by arresting him

before one E. A. Nichols, a United States commissioner, who had no jurisdiction of such prosecution, and repeatedly had plaintiff imprisoned and fined without any pretense of justice or right and had him denounced as a brigand and otherwise insulted, wronged and injured him so that plaintiff was compelled to defend expensive lawsuits, and was in all cases acquitted because he was not guilty, and the court of the said Nichols had no authority to arrest him and this, however, not until he had appealed to the Court of Appeals of the United States at St. Paul, Minn."

—X—

DR. E. R. THOMPSON.

Dr. E. R. Thompson, a native of Kentucky, died April 17th at 1815 North street from consumption. The deceased came to Arkansas several years ago, and for some time resided in Yellville, in Marion county. The deceased was 32 years of age, and was a graduate of the medical school of the University of Arkansas. He has been ill for the past two years, and had just returned from Texas, where he had gone for his health. He is survived by his wife.

—X—

CHARITABLE BEQUESTS.

By the will of William C. Egleston, of New York, the following bequests are made: St. Luke's Hospital, \$100,000, to endow free beds for adults and children, the endowment to be known as the "William C. and Ella Egleston beds, memorial of myself and my wife." The Sisterhood of St. Mary's Society in the City of New York, \$20,000, for the St. Mary's Free Hospital for Children, in memory of Mr. Egleston's children, Louise and Adelaide. The New York Institution for the Blind and the New York Institution for the Instruction of the Deaf and Dumb, each \$15,000.

—X—

A MEMORIAL HOSPITAL TO BE BUILT AT ATLANTA.

It is reported that the officers and employees of the Southern Railroad will build in Atlanta a hospital costing \$200,000, for the treatment of railroad men and their families, as a memorial to the late Samuel Spencer, president of the road. The money

has nearly all been raised by subscription, and it is reported that J. P. Morgan, of New York, has donated \$10,000. It was first intended to erect a monument to Mr. Spencer in the terminal station, but the contributions made for that purpose will be diverted to the hospital fund.

—X—

ANNIVERSARY OF THE DEATH OF DR.

JOHN T. HODGEN, OF ST. LOUIS.

On April 28th, the St. Louis Medical Society will commemorate the twenty-fifth anniversary of the death of Dr. John T. Hodgen. Speakers representing the medical profession in Missouri and other States will be present at the memorial exercises, and old friends of Dr. Hodgen's, and more especially members of classes, who were graduated under him, will be invited. Dr. Hodgen was one of the most eminent surgeons of his time. He was president at different times of the American Medical Association, the Missouri State Medical Association, and the St. Louis Medical Society, and professor at the St. Louis Medical College.

—X—

Messrs. Parke, Davis & Co., Detroit, Mich., announce the death of the president of their firm, Mr. Theodore D. Buhl, who died April 7, 1907.

—X—

FROM PARKE, DAVIS & CO.

Journal of the Arkansas Medical Society,
114 W. Second St., Little Rock, Ark.

Gentlemen: You have doubtless ere this learned of the sudden death of our president, Mr. Theodore D. Buhl, which occurred on Sunday, April the 7th.

We are enclosing herewith a copy of a memoriam which was adopted by the Board of Directors on behalf of the stockholders, employes and executives.

Yours very truly,
PARKE, DAVIS & CO.,
By Harry Skillman,
Manager Advertising Dept.

—X—

RESOLUTIONS.

Ten and a half years ago Theodore D. Buhl cast in his lot with this house. Throughout that period he has given us the benefit of his large experience, his sound

judgment, his great power in the commercial world, his granite credit reared on an unwavering honesty. As President of the house he was a perfect type of integrity and fidelity to all the stock holders. His high sense of duty as a trustee pledged to administer the property and guard the interests of others, was ever uppermost in his thoughts. The peculiar responsibilities and hazards of our work—our obligations as purveyors to the medical profession and to suffering humanity, were to him always a solemn appeal. The ultimate triumph of character in business was with him a conviction as deep and strong as instinct. The remote future and the distant prize concerned him more than the present gain.

The strength which he gave this house and all the many enterprises in which he shared, signally exhibits what the world should realize especially at this hour—that rich men of unflinching honesty and sound judgment are of inestimable value to their communities. They are the employers of labor, the authors of new industries, the creators of new values, the pioneers who open up vast avenues of opportunity for their followers. As they succeed or fail, the comfort, the very bread, of thousands is assured or endangered. We hear much these days of unscrupulous, predacious wealth, but what of the type of Theodore Buhl—what of the men who consider the trust of their fellow-men the best of their possessions, who have a horror of stock-jobbing methods, who never seek and unfair advantage, who never lend their names to a dubious enterprise.

As a director Mr. Buhl was the soul of courtesy, kindness and deference. As an employer he was considerate, thoughtful, mindful of the comfort, interests and claims of his employes. To their grievances he gave always a patient and attentive ear. He encouraged the manly expression of honest opinion, and when it differed from his own his effort was to convince and persuade, not to invoke his authority or impose his will.

On behalf of the stockholders, employes and executives of Parke, Davis & Company we record this testimony to the lasting service rendered us by our lamented President. To the members of the bereaved family we offer our warm and heartfelt sympathy. May strength be theirs to bear their sorrow. May they find much comfort in the memory of a life rich in well-doing and in good repute.

PERSONAL MENTION.

Dr. E. E. Barlow is in Rochester, Minn., with Mayo's.

Dr. J. C. Cleveland of Bald Knob is in Chicago taking Post work.

Dr. Geo. B. Huddleston, of Lamar, paid the Secretary a visit April 5th.

Drs. J. B. Grammer and L. E. Moore, of Searcy are at Rochester attending the Mayo's Clinics.

Drs. Breathwit and Stewart are in New York at the Polyclinic. Both will return in time to be at the State Society.

Dr. D. C. Walt, of Altheimer, has removed to Little Rock, and has located his office over the Read-Stahel Drug Co., Fifth and Main.

Dr. G. E. Penn, of this city, now in Chicago, doing post graduate work, informs the Secretary that he will be home sometime in May.

The members of the Homeopathic and Eclectic Boards of Medical Examiners were in session April 9th, examining applicants to practice medicine in Arkansas.

We understand that Dr. T. E. Rhine, of Thornton, has treated himself to a high priced Kentucky thoroughbred trotting horse. Glad to see this evidence of prosperity, doctor.

The Secretary has received a letter from Dr. J. N. McCormack from Iowa. The doctor is now making an itinerary in that State in the interest of organized medicine, similar to the one just closed in Arkansas.

Dr. J. W. Meek, of Camden; Dr. F. T. Murphy, of Brinkley; Dr. I. N. Love, of Dardanelle; Dr. G. V. Poyner, of Green Forest; Dr. Vernon McCammon, of Arkansas City; Dr. B. L. Harrison, of Jonesboro, all members of the State Board of Medical Examiners, together with the President, Dr. J. P. Runyan, of this city, were in session, examining applicants, on April 9th and 10th. Sixty-five applicants offered for examination, of which number twelve or fifteen were negroes.

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WHITE-CLEBURNE COUNTY MEDICAL SOCIETY.

Dr. C. C. Stephenson, Little Rock, Ark.

My Dear Doctor:—The White-Cleburne County Medical Society met in Searcy, Ark., April 4, 1907. We had an interesting program of which all took part in. Papers read

and cases reported were discussed freely and all present seemed to enjoy the meeting. The attendance was good; there was quite a good deal of interest and enthusiasm manifested among the doctors. I think all went away feeling that it was good to be there and with new aspirations and determination to make better physicians of themselves. The following officers were elected for the ensuing year: Dr. L. E. Moore of Searcy, president; Dr. W. J. Hornbarger of Heber, vice-president for Cleburne county; Dr. D. H. Edwards of El Paso, vice-president for White county; Dr. J. J. Moncrief secretary and treasurer, Beebe; delegate to State Society, J. L. Jones of Searcy; alternate, J. J. Moncrief.

J. J. MONCRIEF, Sec.

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CONWAY COUNTY MEDICAL SOCIETY.

Dear Doctor:—The Conway County Medical Society held its regular monthly meeting April 18th. Program:

Ileocolitis of Infancy.

Etiology—Dr. Steel.

Symptoms and Diagnosis—Dr. Ringgold.

Treatment—Dr. Martin.

Papers by Dr. Westerfield of Conway, Ark.

The following officers were elected:

B. C. Logan, President.

F. Gordon, Vice President.

G. W. Ringgold, Secretary and Treasurer.

J. S. Martin, Delegate.

Yours fraternally,

B. C. Logan.

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CONWAY MEDICAL SOCIETY.

The Conway County Medical Society met in regular session April 19, 1907, at 2 p. m. The following program was rendered:

Ileocolitis of Infancy.

Etiology—Dr. Steele.

Symptoms and Diagnosis—Dr. Ringgold.

Treatment—Dr. Martin.

Paper—Dr. J. S. Westerfield, of Conway.

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CARROLL COUNTY MEDICAL SOCIETY.

Dr. C. C. Stephenson, Little Rock, Ark.

My Dear Doctor: At the regular meeting of Carroll County Medical Society, upon March 21, Dr. C. H. George was elected president, Dr. Henry Pace, Secretary, and Dr. J. D. Jordan, Treasurer. Dr. R. G. Floyd

was elected as delegate to the State meeting, with Drs. J. M. Poynor and Henry Pace as alternates.

Yours truly,
Henry Pace, Secretary.

—X—

NEVADA COUNTY MEDICAL SOCIETY.

Prescott, Ark., April 5, 1907.

Dr. C. C. Stephenson, Little Rock.

Dear Doctor: I have written about one hundred letters to the medical profession of Arkansas and have received favorable reply to only six. You will do me a favor to insert this in the Journal of the Arkansas Medical Society, so that the doctors over the State may see the position in which I am placed.

Now, doctors, if you desire the practice of medicine to be represented you will do me a great favor by writing to me at once, giving the subject of your paper.

Yours truly,
Wm. W. Rice,

Secretary Section on Practice of Medicine.

The above letter is published to let our members know something of the work that the secretary of a section has to do; and at the same time convey an idea of how little attention is paid to the many calls that he makes for papers. Doctor, if you cannot read a paper before your State Society, kindly write the Secretary of the Section who requests you to let him know, that you cannot do so.

Without berating you for your silence, it does seem like it would be a little more encouraging to the secretary, and make rough ways a little smoother, if you would advise him that the letter has been received, and not treat it with indifference. This much you owe to the man whom you expect to do the work of your Secretary. Try and facilitate him in getting up an attractive program.

—X—

HOT SPRINGS—GARLAND COUNTY MEDICAL SOCIETY.

Dr. C. C. Stephenson, Secy. Little Rock, Ark.

Dear Doctor: I wish to report to you the result of election of officers for ensuing year of the Garland County-Hot Springs Medical Society.

Dr. O. H. Burton, President.
Dr. A. H. Tribble, Vice President.
Dr. M. F. Mount, Secretary.
Dr. Jos. S. Horner, Treasurer.

Censor for three years, Dr. Randolph Brunson.

Delegates to State Society, Drs. F. W. Jelks, and A. N. Williams. Alternates, Drs. O. H. Burton and E. C. Hay.

We have enrolled the following new members since the 1st of January, 1907: Drs. T. M. Williams, W. O. Forbes, R. B. Dimun, C. A. Connell, and T. S. Sanders.

Dr. Reany. P. N. Johns, M. L. Harrell, E. C. Ellis, Dr. Fannie Cowle, Dr. Da Costa Walker and Walter McLain were extended the privileges of the Society.

Dr. James Anderson was expelled from the Society.

The members have been negligent in paying dues, but will have my report in shortly.

Yours truly,
Jas. T. Jelks, Secretary.
H. S.-Garland Co. Med. Soc.

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CRAWFORD COUNTY MEDICAL SOCIETY.

Questions for April 25, Meeting at Van Buren, 3 P. M.

1. Name the dislocations of the shoulder-joint.
2. Describe Argyll-Robertson pupil.
3. What effect does night work have on the blood?
4. What quantity of bile is secreted in twenty-four hours and how much is re-absorbed?
5. What is the function of bile?
6. Give composition of bile.
7. What are the symptoms of calculus in the kidney?
8. Name the bones of the wrist-joint.
9. What is the function of the spleen?
10. What is celluloid?
11. What is the Lues?
12. What are the causes of cough?
13. Demonstrate the presence of sclerosis of Burdach's columns.
14. What is tactile fremitus?
15. Vocal fremitus?

—X—

Doctor, don't forget to hand your paper to the stenographer as soon as read. This is important.

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WASHINGTON COUNTY MEDICAL SOCIETY.

At the recent meeting of the Washington County Medical Society at Fayetteville the following officers were elected: President, D.

Christian, Springdale; vice-president, James Pittman, Prairie Grove; secretary, J. R. Southworth, Fayetteville; treasurer, A. I. Moore, Fayetteville; librarian, H. D. Wood, Fayetteville; delegate to the Arkansas State Society, E. G. McCormick, Prairie Grove; alternate, F. B. Young, Springdale.

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SECOND DISTRICT MEDICAL SOCIETY.

Searcy, Ark., April 4, 1907.

Dr. C. C. Stephenson, Little Rock, Ark.

Dear Doctor: The Second District Medical Society met at Searcy in the Masonic Hall at 1 o'clock today, Councilor Dr. J. M. Jelk present, and the president, Dr. J. B. Trammer, in the chair.

Call for the roll of officers and minutes of last meeting were not announced. The secretary-elect failed to present himself, or send the books. However, business was not delayed, the chair appointed Dr. L. E. Moore secretary pro tem.

The program was called for and was responded to by Dr. D. H. Edwards, of El Paso, with a paper on Purpural Eclampsia, which interested the society very much. All present, members and non-members, discussed the papers at some length. All the physicians present showed considerable interest in all of the work of the Society and expressed a desire to enroll with us as early as possible, which we hope will be at our next meeting.

There were other papers on the program that all seemed to listen to with interest and were discussed fully by all, and especially the young men.

As the afternoon passed so rapidly, and before we hardly knew it, and other business called our attention, we were forced to close our program. There was considerable enthusiasm expressed all through our program meeting, but I think it more strongly expressed when we began our Society work.

All are in favor of changing the 5th section of chapter nine so it will read:

"Every reputable and legally registered physician who does not practice or claim to practice, nor lend his support to, any exclusive system of medicine shall be entitled to membership in his County Society, and through that a member of the State Society."

This was passed as a resolution by a motion made by Dr. J. M. Jelks, Councilor, and unanimously carried. Every one present

expressed themselves anxious for this change in the State Society's Constitution, and hope it will be made by the next House of Delegates. Our county is very strongly in favor of this change, and instructed their delegate to fight for it, and the insurance clause.

As the secretary-elect, Dr. L. E. Watson, of Newport, failed to attend this meeting, also failed to recognize the office to which he was unanimously elected at the organization on Nov. 1st., of this Society, by not reporting such organization to the Secretary, Dr. C. C. Stephenson, of the State Society, and failing in other duties that the office of secretary requires, Dr. J. W. Jelks, Councilor for this District, declared the office of secretary vacant, and recommended J. L. Jones, of Searcy, who was unanimously elected.

As the evening was about spent, and there being no other business before the Society, the Society very reluctantly moved to adjourn until its next regular meeting, on the first Thursday in October, at Batesville. If the other counties won't come to us, we will go to them.

John L. Jones, Secretary.

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MEDICAL CLUB ORGANIZED.

The physicians of Siloam Springs organized what is to be known as the Physicians' Post-Graduate Medical Club. The object of the organization is study, upholding the standard of the profession and general fraternizing of physicians.

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DOCTOR LOSES LICENSE.

The license of Dr. W. W. Mercer, of Hot Springs, to practice medicine in this State, was revoked by Police Judge Bentz and a fine of \$100 was assessed. It was alleged that Mercer had been guilty of violating the local anti-drumming ordinance.

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PHYSICIANS ELECT OFFICERS.

The Lawrence County Medical Association at its recent meeting at Walnut Ridge elected the following officers: President, J. E. Pringle; vice-president, A. L. Peacock; secretary, A. R. McCarroll; treasurer, J. C. Hughes; delegate to the State Convention, W. J. Robinson.

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Doctor, don't forget to hand your paper to the stenographer as soon as read. This is important.

NEW MEMBERS.

List of new Arkansas members of the American Medical Association for the month of March, 1907:

Hamm, E. F., Texarkana.
 Lee, F. A., Mena.
 Longino, H. A., Magnolia.
 Nall, R. P., Armorel.
 Powell, J. W., Springfield.
 Roop, J. W., Crossett.
 Stevens, C. D., Magnolia.
 Taylor, I. S., Crossett.
 Wilson, G. L., Hermitage.
 Wommack, W. E., Hermitage.

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DR. WYMAN TO VISIT ARKANSAS.

Dr. R. B. Christian, of this city former Secretary State Board of Health, has received the following telegram:

Washington, D. C., April 2, 1907.

Dr. Christian, Secy. State Board of Health,
 Little Rock, Ark.

Conference with State health officers May 29th instead of 31st.

Wyman.

—X—

EUREKA SPRINGS HEALTH OFFICERS ELECTED.

The new Board of Health at Eureka Springs, consisting of Drs. A. E. Tatman, J. Fred Bolton and Henry Pace, met and organized, selecting Dr. Tatman as president and Dr. Bolton as secretary.

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A new Monthly medical journal, called the *Diagnostician*, has made its appearance in Cincinnati.

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PRELIMINARY PROGRAM OF THE AMERICAN GASTRO-ENTEROLOGICAL ASSOCIATION.

The Secretary has received from Dr. Irving Fisher, Secretary, New Haven, a preliminary program of this meeting, which is to be held at Atlantic City June 3-4. The list of essayists contains many names of prominence. Among them we find Bettman, Cincinnati; Einhorn, New York; Kaufmann, New York; Meltzer & Kast, New York; Hemmeter, Baltimore; Benedict, Buffalo; Sawyer, Cleveland; Finney & Fried-

enwald, Baltimore; Lighty, Pittsburg; Turck, Chicago; Ballin, Detroit; Spivak, Denver; Kahlo, Indianapolis; Basch, New York.

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ENTERTAINMENT FOR THE LADIES.

The Secretary has been informed that the Committee on Social Entertainment and Refreshments have appointed a committee of ladies with Mrs. Edwin Benley as chairman, to look after the entertainment of the ladies attending the State Medical meeting. The fact that Mrs. Bentley has charge of this important work insures success. The ladies accompanying visiting members may rest assured that everything will be done to make their visit to the State Medical Society as pleasant as possible.

At this writing we are not informed as to what the program will be, but we can say this: Mrs. Bentley will see to it that nothing will be left undone that would aid in any way in contributing to the pleasure and comfort of all who attend.

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COTTON BELT PHYSICIANS.

The physicians of the Cotton Belt Railway Company held their annual meeting at Texarkana April 9th. The officers chosen for the next two years are: President, Dr. C. M. Ludlow, Hillsboro, Tex.; first vice president, Dr. W. H. Blythe, Mt. Pleasant, Tex.; vice president for Arkansas, Dr. A. W. Troupe, Pine Bluff; vice president for Missouri, Dr. Beal, of Malden, Mo.; vice president for Louisiana, Dr. Oscar Dowling, Shreveport, La.; vice president for Illinois, Dr. Chester of Chester, Ill.; secretary-treasurer, H. H. Smiley of Texarkana; nominating committee, Drs. R. H. T. Mann, Joe Becton, Arthur Dickson, Wm. James, Oscar Dowling. The next meeting will be held at Texarkana in April, 1908.

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Doctor, don't forget to hand your paper to the stenographer as soon as read. This is important.

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COLORED DOCTORS ORGANIZE.

The colored physicians, surgeons and dentists of Jefferson county have organized a county association with a large membership. The association was formed in accordance with an act of the State Medical Association

of Colored Physicians. The association will agree upon a scale of fees in keeping with the condition and circumstances of their race. The officers are: J. W. Rowland, president; G. H. Flippin, vice president; J. W. Parker, treasurer; F. P. Lytes, secretary; E. W. Hunter, librarian.

—X—

REDUCED RAILROAD FARE TO THE STATE MEETING.

The Secretary has addressed a communication to the Chairman of the Southwestern Excursion Bureau, at St. Louis, asking for one fare for the round trip to and from our State meeting. As we go to press reply has not been received, and we are therefore not advised as to whether or not we may expect any concession in rates. Should the Bureau decide to grant excursion rates to and from our meeting, your local railroad agent will be duly notified and instructed. It might be well for our members, in case no further notice is received to make inquiry of the station agent at the time of purchasing tickets, and ascertain if our request has received favorable consideration. We certainly trust that our railroad friends will be magnanimous enough, in spite of the recent adverse legislation in our State to allow us the concession asked for, and not let the enforced reduction in railroad fares, recently ordered, stand in the way of granting courtesies to a profession made up of their best friends and co-workers for the public welfare.

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Doctor, don't forget to hand your paper to the stenographer as soon as read. This is important.

—X—

DR. M'CORMACK AT PARAGOULD.

April 16, 1907

Dr. C. C. Stephenson, Little Rock, Ark.

Dear Doctor: The First Councilor District Medical Society met in regular session in the opera house, in Walnut Ridge, Tuesday, March 12.

On account of having Dr. J. N. McCormack, Bowling Green, Ky., with us our morning program was curtailed to the president's address and the election of officers. Dr. Thad Cothren, Walcott, was elected president; Dr. M. C. Hughey, Knobel, vice

president; Dr. Olive Wilson, Paragould, secretary and treasurer

About fifty doctors were present at the afternoon meeting. All were delighted with Dr. McCormack's address, and those who stayed at home missed a rare treat.

"As per announcement Dr. McCormack at 7:30 addressed the general public at the court house. He spoke for an hour and a half and was heartily applauded. His address will be given in full in this paper next week.

"At the close of the Doctor's address Col. Charles Coffin and Rev. J. E. Latham responded to calls from Chairman Ponder, and their remarks were timely.

"At 10:30 the visiting physicians, the local physicians and their families and a few friends did ample justice to a hundred plate spread prepared by the ladies of the Methodist and Baptist Aid societies. At the close of which, when all had been filled, Col. Charles Coffin, as toastmaster, called upon H. L. Ponder to respond to the toast, 'Law and Medical Jurisprudence.'

"Dr. Lumpkin was called upon to talk upon the 'Relation of Doctors to Druggists.'

"Dr. Hughey responded to the toast, 'Organization.'

"Dr. Warren spoke on the subject of the 'Medical Councilor.'

"Rev. S. L. Grigsby responded to the toast, 'The Relations of the Ministry to the Medical Society.'

"To Dr. Holder, of Memphis, was assigned the delicate task of responding to 'Women,' and he handled the subject in a deft manner.

"All the toasts were given in a happy vein and all were enjoyed.

"Doctors present:

"J. N. McCormack, Bowling Green, Ky.; L. F. Gracy, L. H. D. Pierce, H. J. Lile, W. W. Jackson, H. L. Rains, B. L. Harrison, C. M. Lutterloh, Jonesboro; W. J. Robinson, — Buerklin, Portia; W. S. Wester, L. S. Smith, Nettleton; Thad Cothren, Walcott; G. A. Warren, Black Rock; Olive Wilson, Paragould; J. H. Cuning, M. C. Hughey, Knobel; J. E. Pringle, Hoxie; P. M. Shaver, J. J. Johnson, J. R. Crigler, Biggers; R. F. Martin, Noland; W. E. Hughes, — Hall, Pocahontas; W. A. Hughes, Warm Springs; T. Z. Johnson, Holmes; P. M. Cabe, Alicia; J. C. Howell, Dee; C. E. Bayer, Ridgeville;

J. O. Hatcher, W. J. Wells, J. C. Poindexter, Inaboden; T. C. Neece, H. R. McCarroll, E. T. Ponder, J. C. Land, J. C. Hughes, J. Max Watkins, Walnut Ridge; Cleo Ball, Ravenden; J. W. Morris, Denton; J. M. Stephens, — Andrews, Clover Bend; — Seel, Minturn; E. M. Holder, Memphis; — Banyan, Richwoods; O. O. Lumpkins, Ph. D.; Rev. Grigsby, D. D., Jonesboro; Drs. Williams and Bond, Black Rock."

Olive Wilson, Secretary.

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FROM DR. WILSON.

Paragould, Ark., April 16, 1907.
Dr. C. C. Stephenson, Little Rock.

Dear Doctor: I enclose clippings which are self-explanatory.

A few days ago while looking over the "List of Registered Physicians in Arkansas" my attention was called to Sec. 12 of "Act to regulate the practice of medicine and surgery in Arkansas."

I stuck a pin in it, so to speak, and waited for the next "medicine man" with the above results.

I hope every doctor that this Journal visits will read Sec. 12, and not forget to point out the next "itinerant vender of drugs," etc., to the prosecuting attorney of your community and he will do the rest.

While every doctor in Paragould was familiar with the law, we had forgotten we had this protection, and many men have visited our city, reaped a rich harvest, and gone unmolested, but it *wont happen again*.

Very sincerely,

Olive Wilson.

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In the J. P. Courts.

(April 16th.)

Prosecuting Attorney Jeff Bratton filed information before Justice Thompson this morning against Dr. Barry, who is selling medicines and giving night concerts on the vacant lot between the Soliphone building and the postoffice. The information filed charged the doctor with selling medicines unlawfully. This is the doctor's first stand in Arkansas and he was not aware that the statutes of the State prohibit him from vending medicines on the streets. He was discharged on the promise to quit and to pay the costs of the constable and the justice of the peace, which he did. The doctor said he would continue to sell soap, as that is not prohibited.

Dr. E. F. Barry, of Goshen, Ind., is in the city representing the Herbs of Life Med. Co., and is putting on a lively show on the vacant lot between the Soliphone building and the postoffice. The doctor is a genial sort of a fellow, a good talker and has a team of black face artists with him who are comedians of high order and everybody who attends his free shows gets a good laugh. See announcement on the first page of this issue of the Soliphone about the show.

Free Show.

(April 15th.)

In Paragould this week just opposite the postoffice, on a large open air platform bedecked with electric lights, a change of performance each night, a refined pleasing entertainment for old and young. This is being given by The Herbs of Life Medicine Co., who come to this community to lecture and advertise this most wonderful, so much talked about remedy. Metropolitan papers have been aflame for past months with its most wonderful and seeming magical efficient cures, which are little short of miracles themselves.

Hundreds by hundreds of physicians, guaranteed under U. S. Government Serial No. 5919, of the Pure Food and Drug Act—incorporated under the laws of the State of Illinois, having a \$20,000 rating in Bradstreet and Dun. Each package contains a sight bank draft for one dollar, payable to any dissatisfied user upon sending same to The State National Bank, at Springfield, Ill., to which the editor of this paper can certify, being in receipt of a telegram from this bank stating that they would recognize these drafts. What further evidence could suffering and afflicted humanity ask for in assurance of an honest treatment.

We want the poor sufferers of stomach, kidney, liver and bowel trouble, to try this grand remedy.

Destroys all Worms and Germs, to which the human family is heir, thereby appealing to chills, fever and malaria in every form. A three-dollar treatment for one dollar this week only. Can be had at the free show and lecture platform at night or at the Globe Drug Store. Ask for literature upon this grand medicine. Come out and hear the lectures.

One hour's fun every night. See Master Chas. Barry, the youngest comedian on the American stage to day.

OUR EXHIBITORS.

So far we have orders to reserve space for the exhibits of Messrs. Arthur Peter & Co., of Louisville; Messrs. D. Appleton & Co., New York, and the Horlicks Malted Milk Co., of Racine, Wis.

Others have also signified their intention being with us, but nothing definite.

These firms are well known and promise excellent exhibits. Be sure and see them.

PROVISIONAL PROGRAM.

The 32d Annual Meeting of the American Academy of Medicine (Specializing in Medical Sociology) will be held at the Hotel Dennis, Atlantic City, on Saturday, June 1, and Monday, June 3, 1907.

Friday, May 31st, 8 p. m.—Annual meeting of the Council.

Saturday, June 1st, 10:30 a. m.—Executive Session of the Academy.

12:00 m.—Open session of the Academy.

Report of the Committee on "The Teaching of Hygiene in the Public Schools."

Report of the Committee on "The Comparative Value of the First Degree in Our American Colleges" (final report).

Papers:

"The Communal Life of Physicians: Its Cultivation and Value." By Dr. Leartus Connor, Detroit.

"The Superiority of the Playground to the School-room." By Dr. Woods Hutchinson, of Arrow Head Springs, California.

"Insurance for Defectives." By Dr. J. A. Spalding, Portland, Me.

(There will a recess for lunch during this session.)

8 p. m.—Open session of the Academy.

Annual address before the Academy—Dr. Casey A. Wood, of Chicago, President of the Academy. "A Medical Career and the Intellectual Life."

Monday, June 3, 1907, 10:00 a. m.—Executive session of the Academy.

11:00 a. m.—Open session.

Symposium—The Relation of the Medical Profession to the Housing of the People.

Papers by Drs. Gertrude U. Light, S. A. Knopf, of New York, and others.

Symposium—The Relation of the Profession to Medical Legislation.

Papers by Drs. P. S. Conner, of Cincinnati, Henry W. Cattell, Henry Beates, Jr., of Philadelphia, and others.

There will be recess for lunch during this session. At the conclusion of the program, there will be an Executive Session, when the report of the Nominating Committee will be received.

7:30 p. m.—Social sessions with the annual banquet, tickets \$2.00 each. Fellows are privileged to bring as many guests (including ladies) as they care to secure tickets. This function is under the supervision of the Committee of Arrangements, Dr. W. Blair Stewart, chairman.

Some change probably will be made in the order of the papers in the final program.

Every reputable college-bred physician is eligible for membership in the American Academy of Medicine, and it invites all who are interested in the medical aspect of the social problems of the times to unite in its study of these problems. Blank applications and literature may be obtained from the Secretary, 52 North 4th Street, Easton, Pa.

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Doctor, don't forget to hand your paper to the stenographer as soon as read. This is important.

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PENNSYLVANIA WILL NOT INTERFERE.

The Governor of Pennsylvania has vetoed a bill providing that two directors or trustees of all hospitals and kindred institutions receiving State aid for maintenance and other purposes, shall be appointed by the Governor. In his veto message the Governor says: "I do not think it wise for the commonwealth of Pennsylvania to interfere in the direction, management, and control of the affairs of local and private charities or of institutions not wholly under State control."

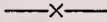
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PRICE OF QUARANTINE STATIONS.

The United States Government recently paid \$100,000.00 for the Louisiana Quarantine Stations, and Federal Quarantine will be established on the first of April. The following doctors have been selected to serve at the different points in Louisiana: Dr. Fred Turney, Rigolets; Dr. William Wild, Lake Borgne. No action has been taken on the appointment to Port Eads, but it is understood that Dr. Gill will be sent there. These appointments will go into effect April 1, 1907. Dr. McClellan will continue to be at Atchafalaya station.

QUARANTINE IN LOUISIANA.

Dr. J. H. White, who so successfully stamped out the yellow fever epidemic of 1905, has been placed in charge of quarantine affairs in Louisiana and Mississippi, by the Marine Hospital Service, to the great satisfaction of the people. Dr. Von Ezdorf, passed Assistant Surgeon, United States Marine Hospital Service, has assumed control of the station at the mouth of the Mississippi River, and service officers will be placed in charge of all the subsidiary stations located at Lake Charles, Morgan City, and Rigolets. The State Board of Health will now confine its energies to recording vital statistics and looking after the various communicable diseases.



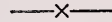
SOCIETY SECRETARIES TO MEET.

The Ohio State Medical Association has arranged for a convention of the County Society Secretaries of the State to be held at Columbus, April 25, for a discussion of the work of County Secretaries and for devising methods to facilitate and increase the effectiveness of the Secretaries' work. A program, lasting throughout the day, is to be opened by an address of welcome by Dr. Frank Winders, Secretary of the Ohio State Medical Association. The following papers will be presented: "The Relation of the Secretary to the Society and the Profession," Clyde E. Ford, Secretary of the Cleveland Academy of Medicine and the Cuyahoga County Medical Society; "The Relation of the Secretary to the Council," T. W. Rankin, Columbus, Councilor of the Eighteenth District; "The Relation Between Local and District Societies," J. S. Rardin, Portsmouth; "How the Secretary's Work May Be Made Easier," Carrie Chase Davis, Sandusky, Secretary Erie County Medical Society; "My Plan for the Struggle," Nelia B. Kennedy, Findlay, Secretary Hancock County Medical Society; "What Can a Secretary Do to Secure New Members," John B. Donaldson, Lorain, Secretary Lorain County Medical Society. During the noon intermission lunch will be served at the Neil House. The afternoon session will be opened by an address on "Medical Legislation," by Charles A. L. Reed, Cincinnati, Chairman of the Committee on Medical Legislation of the American Medical Association. John B. Donaldson, Canonsburg, Pa., Secretary

of the Washington County (Pa.) Medical Society, will read a paper on "The Secretary and His Opportunity," after which papers will be read by Herschel Fisher, Lebanon, Secretary of the Warren County Medical Society, on "How Can We Make 'Open Meetings' Most Successful?" by Horace Bonner, Dayton, Councilor of the Second District, on "The Social Factor in the Life of the Successful Physician," and by O. M. Wiseman, Zanesville, on "Our New Doctors." Papers by R. H. Grube, Xenia, Secretary Greene County Medical Society and N. Worth Brown, Toledo, Secretary Toledo and Lucas Academy of Medicine, on the value of graduate courses to medical societies in the country and in the city, will close the program. A large attendance of the County Secretaries of the State is anticipated and it is hoped that much benefit to the organization will result from the meeting.—*Journal Ohio State Medical Association.*

Our brethren of the "Buckeye" State have set an example that other States would do well to follow. We will see if this cannot be carried out in Arkansas, if our brother Secretaries of the County Societies are willing.

Let's begin laying plans for such. Even this early is none too early.



THE PATHOLOGICAL AND ANATOMICAL EXHIBIT.

The Pathological Exhibit will be a feature of unique interest at the next annual meeting. The following exhibits have been promised and to these probably others will be added before the meeting takes place:

1. Exhibit from the Anatomical Department of St. Louis University.

2. Exhibit of early human embryos, specimens and models. By C. M. Jackson, M. D., University of Missouri.

3. Exhibit of Pathologic Ophthalmological specimens. From St. Louis College of Physicians and Surgeons.

4. Exhibit of specimens of Hypernephroma. From Jackson County Medical Society.

5. Exhibit of Plant Pathology. By Dr. Herman von Schrenck.

Exhibit of selected specimens. From Barnes Medical College.

7. Comprehensive collection of Carcinoma specimens. From St. Louis Medical Society.

In addition to the above there will be microscopic demonstrations, lantern slide talks, and a large collection of single specimens of unusual interest.

The address by Dr. Von Schrenck, Consulting Pathologist of the U. S. Department of Agriculture, will be one of rare attractiveness.—*Journal Missouri State Medical Association.*

The Secretary endeavored to secure promises from our members for just such an exhibit, but from some reason the scheme was treated with indifference, as not one response was received. It is safe to say that our members have pathological specimens sufficient to have made a creditable display. Well, we will try again to have this as a feature. Save your specimens for this purpose.

—X—

RATES TO THE ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The Secretary has received a postal card from Dr. Chas. Wood Fassett, Secretary of the Medical Society of the Missouri Valley, dated St. Joseph, Mo., April 10. He advises that the Association has made arrangements for a special train, St. Louis to Atlantic City, to attend the meeting of the American Medical Association. This train will leave St. Louis at noon, June 1, over the Big Four and C. & O., to be known as "The Missouri Valley Special," and is designed for the accommodation of the physicians and their families. The doctor requests us to bring this train to the attention of the members of our Society, that they may avail themselves of these facilities and be in good company at the same time. All are cordially invited to join the excursion. The fare from St. Louis to Atlantic City and return will be \$24.25. Side trips will be permitted to New York and Jamestown Exposition. Stop-overs will be made at Hot Springs, and White Sulphur Springs; train to arrive at Atlantic City, Monday morning, June 3, in time for all auxiliary meetings.

Dr. Fassett would like to be advised of the probable number who will attend from the Arkansas Medical Society, and their names, if at all possible. He will be glad to send the itinerary later.

CLOSING OF OUR MEDICAL COLLEGES.

The sessions of the two medical colleges of Little Rock have closed after a prosperous year filled with the labors which go with the teaching of the various branches treated of in medical schools. So far as we know, everything has gone along pleasantly. Only one sad event has occurred to mar the pleasure of these sessions, and that was the death of one of the students, Mr. John B. Deer.

The commencement exercises of the Medical Department, University of Arkansas, will be held in the Auditorium, Y. M. C. A., on the night of May 1.

The commencement of the College of Physicians and Surgeons will be at the auditorium of the P. & S. Hospital, on the night of April 30.

Excellent programs have been arranged for both events. The graduating class of the Medical Department, U. of A., numbers twenty-five; while the graduating class of the College of Physicians and Surgeons numbers eleven. Prof. Reynolds, of Fayetteville, will deliver the annual address to the graduates of the University of Arkansas, and Dr. Anderson Watkins the address on behalf of the faculty. The respective addresses will be delivered at the College of Physicians and Surgeons by Judge C. T. Coffman and Dr. S. U. King.

The Journal of the Arkansas Medical Society takes occasion to repeat what has already been said more than once, that there is now no occasion for medical students to leave their own State to seek a medical education. It is our pleasure to say, and we do so without boasting, that a man can get as good a medical education in Arkansas as he can anywhere. The members of the Arkansas Medical Society should see to it that students do not leave their State for a course in medical lectures. We all should have patriotism enough to patronize home institutions. This declaration, however, is not to be construed as an advertisement; it is meant for patriotism, pure and simple, and in justice to those of us who are laboring to keep our pupils at home and keep our State abreast of the times. Let us see to it that next year the number of pupils going abroad for their degree shall be greatly diminished.

—X—

Doctor, don't forget to hand your paper to the stenographer as soon as read. This is important.

PRELIMINARY PROGRAM.

The program for the coming meeting of the State Medical Society has not yet been completed. The following titles of papers have been received and accepted by the Committee on Scientific Work:

Organization in Medicine; Its Value to the Public and the Profession. Dr. John A. Wyeth, New York.

The present Status of Cardio-Vascular Disease. Dr. Frank A. Jones, Memphis.

The Problem of Nutrition in Gastric Atony. Dr. Fenton B. Turck, Chicago.

Presentation of the Authors Universal Cystoscope—Latest Model, with remarks on its application and accomplishments. Dr. Bransford Lewis, St. Louis.

Direct Bronchoscopy and Esophagoscopy. Dr. R. H. T. Mann, Texarkana.

Medical Legislation. Dr. C. R. Shinault, Little Rock.

Paper. Dr. E. O. Witherspoon, Louisville, Ky.

Auto Infection. Dr. E. E. Barlow, Dermott.

Paper. Dr. W. F. Boguess, Louisville, Ky.

New Local Anesthetics. Dr. H. Thibault, Scott.

Syphilis. Dr. W. E. Hughes, Pocahontas.

Gastric Ulcer Complicating Typhoid Fever. Dr. J. T. Brown, Conway, Ark.

A Report of a Case of Diphtheria and Sarcoma of Ileo-cecum. T. E. Rhine, Thornton, Ark.

Report of An Interesting Case. Dr. Wilson, Hampton, Ark.

Thoughtlessness, Not Ignorance. W. C. Haltom, Jonesboro, Ark.

Some Remarks on the Future of Medicine in Arkansas. T. B. Bradford, Cotton Plant, Ark.

A Rare Manifestation of Malaria—Report of Case. Dr. Geo. S. Brown, Conway, Ark.

A Case of Fatal Hysteria. H. H. Canfield, Siloam Springs.

A Paper on Pneumonia. C. A. Archer, De Queen, Ark.

Lung Infection. Dr. Adam Guthrie, Prescott, Ark.

Seborrhagic Dermatitis. Dr. J. T. Clegg, Siloam Springs.

What Physicians Can Do to Eradicate Tuberculosis. Dr. C. M. Lutterloh, Jonesboro.

Preventive Medicine. Dr. Wm. Crutcher, Pine Bluff.

Infant Feeding. Dr. C. K. Caruthers, Pine Bluff.

Black Arts in Medicine. Dr. L. H. Morphey, Stuttgart.

—X—

HEADQUARTERS FOR THE STATE SOCIETY.

The meeting of the Arkansas Medical Society will be held in the Banquet Hall of the Hotel Marion, and this hotel will be the headquarters for the Society. The rates are, for rooms \$1.00 per day up, and meals at from 35 cents up. Pay for what you order only.

The House of Delegates will meet at 9:30 o'clock Tuesday, 14th, in the Convention Hall.

The Sections will be held in the Banquet Hall and Private Dining-Room. The Banquet Hall is on the ground floor and Private Dining Room is on the Second floor. The registration of delegates will begin at 8:30 o'clock. Be sure that you register and get official badge. See that every member and visitor registers. Section 4, Constitution, reads as follows:

"Each member in attendance at the annual session shall enter his name on the registration book, indicating the component society of which he is a member. When his right to membership has been verified by reference to the roster of his society, he shall receive a badge which shall be evidence of his right to all the privileges of membership at that session. No member or delegate shall take part in any of the proceedings of an annual session until he has complied with the provisions of this section."

In addition it is desirable that visitors register as a matter of history.

—X—

Doctor, don't forget to hand your paper to the stenographer as soon as read. This is important.

KANSAS ADMITS TO MEMBERSHIP UNDER-GRADUATES.

The following section of the Constitution and By-Laws of the Kansas Medical Society is reproduced here, showing that they admit the "Legally Registered Physician." Kansas issues a license to the undergraduate on examination as in Arkansas. They require registration on presentation of diploma, if a graduate. Kansas is not alone in realizing that it is better to have the undergraduate on the inside of the County Society than on the outside.

Sec. 5: Each County Society shall judge of the qualifications of its own members, but as such societies are the only portals to this Society and to the American Medical Association, every reputable and legally registered physician who does not practice or claim to practice, nor lend his support to any exclusive system of medicine, shall be eligible to membership. Before a charter is issued to any County Society, full and ample notice and opportunity shall be given to every such physician in the county to become a member.

—X—

MISSOURI ADMITS TO MEMBERSHIP THE UNDERGRADUATE.

The following section (Sec. 5) is taken from the Constitution and By-Laws of the Missouri State Medical Association, which is self-explanatory:

Sec. 5. Each County Society shall judge of the qualification of its own members, but, as such societies are the only portals to this Association and to the American Medical Association, every reputable and legally registered physician who is practicing, or who will agree to practice, non-sectarian medicine shall be entitled to membership. Before a charter is issued to any County Society, full and ample notice and opportunity shall be given to every such physician in the county to become a member.

—X—

KENTUCKY ADMITS TO MEMBERSHIP THE UNDERGRADUATE.

The following letter has been received from the Secretary of the Kentucky State Medical Association, showing that the admission of the undergraduate as a member of the County Society has given satisfaction.

Dr. McCormack justly says, "And it is especially appreciated," etc. We take the liberty of publishing this letter without requesting consent:

Office of the Secretary Kentucky State Medical Association, Bowling Green, Ky.

April 18, 1907.

Dr. C. C. Stephenson, Little Rock, Ark.

Dear Doctor: In reply to your favor of the 16th inst., would say that, under our Constitution and By-Laws, every legally registered physician who practices non-sectarian is eligible to membership in our County Society if he is reputable. The plan has been perfectly satisfactory, and it is especially appreciated by those non-graduates who have not had the opportunity for studying that they should have had.

Sincerely,

A. T. McCormack,
Secretary.

—X—

Doctor, don't forget to hand your paper to the stenographer as soon as read. This is important.

—X—

TEXAS ADMITS THE UNDERGRADUATE.

The following letter has been received by the Secretary from Dr. I. C. Chase, Secretary of the State Medical Association of Texas. This letter so aptly expresses the situation that we take the liberty of publishing it without asking permission:

Office of the Secretary State Medical Association of Texas, Fort Worth, Tex.

April 19, 1907.

Dr. C. C. Stephenson, Secretary Arkansas Medical Society, Little Rock, Ark.

Dear Doctor: Replying to yours of April 16th, inquiring as to whether undergraduates were eligible to membership in our State, will say that previous to yesterday the laws of this State allowed undergraduates to become legalized practitioners. Yesterday the Governor signed our new Practice Act which makes college graduation pre-requisite to a State Board examination. Men hereafter legalized in Texas will be graduates. As we admit to County Societies all legalized practitioners, we have always had in our County Societies a large number of undergraduates. Hereafter the number will grow increasingly small. I have never heard of but one society that felt too dignified to admit undergraduates, and that died and has

not been missed. Our County Societies should be open to every one who is legalized to practice medicine, and I do not see how others could be benefited by membership.

With kind regards, I beg to remain,

Very sincerely yours,

I. C. Chase.

—x—

A CASE OF DOUBLE INFECTION.

Reported by D. A. Gray, M. D.,

Little Rock.

For a year or more I have been making some original investigations to determine the importance of microscopic examinations of feces. Some of the facts brought out may be of interest to some of your readers.

About two months ago, a case of well defined *Balantidium* infection came into my hands. I succeeded by the use of intestinal antiseptics and germicides of ridding my patient of this infection. I was rewarded by a marked improvement of health and strength, and quite a gain in avoirdupoise.

Today my patient returned complaining of a renewal of all the symptoms of irritation and general malaise. I at once made a microscopic examination of his feces on a warm stage. I expected to find a recurrence of the same infusoria. To my surprise I find a terrific infection of *Amoeba*.

The *Amoeba* are of a very active type, displaying great mobility, many of them are evidently stained with hemabolin. Whether these infections were both present or that he has since become infected with the *Amoeba* I can not say positively, on account of the great number and mobility of the *Balantidium* they may have made me overlook them. This I do know, that six weeks ago I found myriads of *Balantidium* and no *Amoeba*, while today I find the opposite condition exists.

This man has been an invalid for years and the cause must have remained obscure and uncertain but for the microscope.

—x—

Doctor, don't forget to hand your paper to the stenographer as soon as read. This is important.

—x—

A NEW PATHY IN TEXAS.

A chartered college at Glen Rose, Texas, teaches "Quadopathy," states the *Texas State*

Journal of Medicine, the "Quad" refers to the use of "combined methods of bloodless surgery, vitopathy, osteopathy and electrotherapeutics."

In a circular issued by the school it is stated that "Not a single case of pneumonia, spinal meningitis, appendicitis or any so-called fatal diseases. Asthma, paralysis, female and stomach trouble are as easily cured as chills by the method." When the lack of prefixes necessitates the resort to the numerals, there is no "end" in sight of the possible "pathies."

A physician in California, perhaps for want of something else to say, has burst into print advocating the use of a rubber tube in percussion. There is no reason why a man shouldn't percuss with a rubber tube if he wants to, or with a bootjack or a piece of Limburger cheese; but we have tried the rubber tube on a kind and long-suffering patient and personally would prefer a wet dish-towel. *Chicago Clinic and Pure Water Journal*.

—x—

A GOOD ONE.

The following is an exact copy of a letter received by the Secretary; comment is unnecessary:

4, 19 1907

To the arkansas Medical Society Dear Sirs I thought I would Write you in Regard to my Registration I have happned to the Bad Luck to get my house hold goods all Distroyed and my Licens to practice medicine and Surgery and have Lately Come in to arkansas Now these are facts in the case I used to practice in ark years a go But Was Not here When the Late Law Com in force But I can prove By good Witnesses the State ment I have made I Was Exammoned By the union County Board in 1874 and Came from there to Missouri waym Co and Sayed there for Some time and Went West to the indiantory Chickasow Nation and there got my Licens Distroyed in a SyCloan Now I can prove these facts Besides I can Refer you to the Leading Doctors in ark and in the teritory & illinois as to my ability to practice medicin I have Ben Sick for too years and am Crippled So it is Nearly imposable for me to Meat the Board I have taken one Course of Lecture at ft Worth texas Now these are all facts Which I Will

Be qualified and Can prove if Course it is
But Little Work that I am able to Do except
office Work But I might Do Little of that
if I Was Registered

Yours Truly

—X—

THE VOTE ON THE BLACK-PATTERSON

PATENT MEDICINE BILL

In order that the members of the Arkansas Medical Society may know who favored and who opposed your efforts to secure the passage of this bill, the Journal gives the vote in full as cast when this bill was up for consideration in the House. Let every member of this Society remember these gentlemen who favor fraud instead of honesty in the Patent Medicine trade. Don't only vote against them, but use your influence and do your utmost to defeat them. They have shown by their vote what they think of the opinions of the State Society and have also shown what they think of the efforts of Nostrum Makers.

The members of the State Society should see to it that every man who voted 'No' on this bill is defeated if he offers for re-election.

The medical profession of any county in Arkansas can either defeat, or elect their representative, if they will but try. The time has come for you to assert yourselves and let these gentlemen see that the medical profession of the State, when it comes and asks for a law to suppress fraud in the Nostrum business, and aid in preserving the health, lives and money of our people, and ask that dishonesty in this nefarious business be stopped; that it stands for principles that are higher and more ennobling than those they voted, for which were supported by the Nostrum Makers, wholesale and retail druggists and a few newspapers. Let us remember this "Bunch of Ducks."

The Black Patent Medicine Bill was called up for a vote. The bill failed to pass, ayes 29, noes 51. The vote is as follows:

Ayes—Abercrombie, Andrews, Barker, Black of Marion, Cal Lee, Foster, Haley, Hamilton of Ouachita, Haynie, Hoyle, Jackson, Jones, Lasley, Mays, Moore of Independence, Morrow, McCracken, McDaniel,

Newton, Poyner, Rice, Ruff, Simpson, Smothers, Watkins, Whaley, Wilson, Witt, Mr. Speaker—29.

Noes—Ard, Beck, Bishop, Black of Sebastian, Carlton, Cartwright, Coleman, Craven, Davis of Clark, Davis of Desha, DuLaney, Finley, Fletcher, Glover, Hamilton of Polk, Hancock, Hazel, Hartsill, Hill, Hodges, Kendall, Killough, Kizzia, Lackey, Leigh, Martin of Crittenden, Moore of Pulaski, Monroe, McCullum, Oldham, Owen, Partain, Pugh, Reed, Reinhardt, Ross, Rowell, Saunders, Seay, Shannon, Skaggs, Stevens, Thomas, Thompson, Van Hook, Walker, Whaley, White, Wilson, Quinn—51.

Pairs—Bullion with Walls, former "aye," latter "no;" Combs with Hollabaugh, former "aye," latter "no;" Hunt with Morris, former "no," latter "aye."

Absent and not voting—Anderson, Balch, Faulkner, Koone, Martin of Yell, Pinney, Reed, Sawyer, Shannon, Thompson—10.

Mr. Rowell moved to reconsider the vote by which the vote failed to pass and to lay that motion on the table. Carried.

—X—

Doctor, don't forget to hand your paper to the stenographer as soon as read. This is important.

—X—

IODINE AND SOME OF ITS USES.

In Surgical Work, by John Egerton Cannaday, M. D., Surgeon in Charge Sheltering Arms Hospital, Hansford, W. Va. An Abstract from *American Medicine*.

Iodine is an exceedingly active substance chemically, and belongs to the halogen group. It possesses great affinities for many substances and its exact use and sphere of action in the body are unknown. It enters largely into the composition of sea food and animals subsisting on this food contain their share of this evanescent substance. It makes the circuit of the body circulation in a short time and is eliminated in the saliva, urine and feces.

Senn, in his recent trip among the Esquimaux, noted that iodine is liberally incorporated in the food of these people. He observed the remarkable absence of tumors of all sorts, the exceedingly benign course of syphilis, the absence of enlarged tonsils,

lymphatic glands and goiter. He attributes this immunity to their use of iodized food. Sternberg, Senn, Koch, Schill, Fisher, Behring, Tavel, and, more recently, Kinnaman, have emphasized the value of iodine as an antiseptic. It is certainly the most powerful as well as the least harmful germicide we possess.

Kinnaman has performed an unusually elaborate and careful series of experiments with a view to the determination of the actual antiseptic value of the drug. He made use of a solution containing iodine 2.5 gm., sodium iodid 5.5 gm., sterile water 250 cc., making 1-100 solution. A 1-100 solution of mercuric chlorid acting on a culture of streptococcus pyogenes for 15 minutes showed a great deal of inhibitory power for the first day, but allowed a good growth of streptococci to appear. An exposure of 30 minutes, however, gave no growth. The superiority of iodine is readily evidenced by the fact that a comparatively weak solution (0.2 per cent) killed the streptococcus after two minutes' exposure. To iodine the staphylococcus is far more resistant than is the streptococcus. While it takes a 1-100 solution five minutes to kill the former, a 1-500 solution is fatal to the latter in two minutes. Dr. Kinnaman's conclusions are that, in a solution of iodine varying from 0.2 to 1-6 per cent., we have a germicidal agent of marked potency. Its bactericidal power is far superior to mercuric chlorid, the acknowledged leader of all antiseptics.

The author reports a case of multiple tuberculous abscesses of the muscles of the chest and back treated by repeated injections of iodoform in olive oil, in which the results were most gratifying. He calls attention to the fact that the injection of the emulsion into the joint is naturally followed by a rise of temperature which may last for several days.

The iodoform gauze treatment of puerperal sepsis introduced by the late Dr. Pryor, of New York, is commented on most favorably. The method is considered to be unassailable from a deductive as well as a resultant point of view. Pryor packed the uterus and the retro-uterine space with iodoform gauze after thorough curetting and irrigation. The iodoform gauze filling of von Mosetig-Moorhoof has been found to be the most valuable adjunct in the treatment of the circumscribed chronic osteomyelitis.

Aumond and Bonnaire use the following formula for an irrigating solution: Iodine 3 gm., potassium iodid 6 gm., water 1,000 gm. They make use of the pure tincture as a local application prior to curetment as a means of partially sterilizing the inside of the uterus. Many of the old-time gynecologists were in the habit of making an application of the plain tincture to the inside of the uterus after curetment.

Iodine in weak solution as an irrigation is of such value in the treatment of suppurative conditions as suppurative arthritis, abscess, empyema, etc. The author has several times used a 1 per cent solution in the treatment of suppurating sinuses and wounds with the result that there was a prompt disappearance of pus and an abundant formation of healthy granulation tissue.

It must not be forgotten that, although iodine is the most harmless of antiseptics, it and its compound iodoform are active agents and as such should be used with caution. They are under circumstances powerfully toxic. It is after injection into serous cavities that the most serious results are seen. The pyogenic membrane lining the tuberculous or pus cavity seems to possess the power of immunity to a marked degree. The old and enfeebled patient will be much more susceptible to the poisonous action than the more robust. It is a well known fact that an individual suffering from septic infection will tolerate much more iodine without the symptoms of poisoning than one under normal conditions. Rarely there are found persons having so marked an idiosyncrasy for iodoform that it will act as a poison when exhibited in the usual manner in small amounts.

The writer uses a one-half of one per cent alcoholic solution for purposes of hand disinfection preliminary to operative work in all cases in which rubber gloves are not worn. The same solution is made use of in the preparation of the site of the operation incision. Rubber gloves are worn as a routine measure in operative work, but in certain number of these cases gloves are undesirable; again, in an occasional septic case, a glove may be punctured or torn, and the operator feels the need of some reliable antiseptic for his own sake as well as for the protection of his future patients. The use of this solution simplifies the technic and saves time. The method practiced is as

follows: First, thorough scrubbing with nail brush, green soap and running hot water, going over the hands in a systematic and methodical manner, taking each part in its turn and always following the same order as to skip no part. Particular attention is paid to the nail folds subungual spaces, and the skin between the fingers. Short clipped nails should be cleaned with an orangewood stick, the hands scrubbed again, washing off the soap in running hot water. Remove the residue of the soap with 70 per cent solution of alcohol, immerse in iodine solution for five minutes, rinse in sterile water. The light-brown stain can be removed by washing in dilute ammonia water after operations, or if left alone will soon disappear.

The results clinically of this method have been superb. In a long series of cases no infection attributable to the hands has occurred.

In conclusion the author states his belief that iodine constitutes a near approach to a perfect antiseptic in that it is nontoxic in effective strength, being one-fourth as poisonous as mucuric chlorid, though many times more valuable as a germicide. It does not coagulate albumin or form inert compounds with the tissues. It possesses great penetrating power, is easily prepared and is stable.

A solution of iodine is the most practicable chemical agent we have for the sterilization of the skin.

—X—

Doctor, don't forget to hand your paper to the stenographer as soon as read. This is important.

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WHAT SHALL WE DO WITH THE LICENSED UNDERGRADUATE.

This question has been agitated for a long time both in and out of the State Society gathering, both through the columns of the Medical Journal, and in the County Societies. It has been brought to the attention of the various State Societies by Dr. McCormack, so we are informed, and he advocates the idea of admitting the licensed undergraduates to membership in the County Society. The situation is this: We have the legalized licensed undergraduate with us; he is a factor to be reckoned with. He is a

competitor, he is a citizen, and he is a tax payer, and in many instances a good all around man, and sometimes fairly well qualified as a physician, capable of doing practice. In many instances this class of doctors never make any change; that is, they never graduate. They will continue to live in the community in which they now reside, doing the class of practice that they are now doing; fighting organized medicine as they are now fighting it, and have the same opinion of the graduate that they now have; that is, they will look upon the graduate as feeling himself a little bit above them; that he uses his membership in the County Society as a club to crack his head with; in other words, he holds aloof from his brother who is a graduate and lets the laity know that he is a member of the County Society, while the competitor cannot be a member, because he is not a graduate. Such is the opinion that is held by some of these undergraduates concerning the graduate who is a competitor. Looking at this matter from a selfish point of view, the undergraduate would be much better off on the inside of the society than on the outside, as his membership would effectually close his mouth as regards antagonism to organized medicine. His union with his County Society would produce a change from an enemy of organized medicine to that of a friend. This, we say, is a selfish way to look at this matter. But placing it upon a broader plane, which is the just and correct way to analyze the situation, we would not only do this class of practitioners good, but the beneficent results of County Society membership would be apparent in their every day practice. In other words, their patrons would reap the benefit. It would be a matter of impossibility for this class of physicians to be members without doing themselves good; and in thus doing themselves good, they would do their patrons good. Then we believe that it will be for the best interest of organized medicine of Arkansas if they would for a term of years, vote to admit this class of physicians and give all a chance to unite with us, who may wish to do so. After the expiration of this time, the probabilities are our laws might be changed so that no one could procure a license to practice except he be a graduate. Then a change might be made to suit the condition that would be in existence. We trust the State Society will

take this matter up and pass upon it definitely. Our Texas brethren allow non-graduates in their County Societies, and the legalized licensed practitioner is welcomed by them, whether he be a graduate or non-graduate, and we are informed that some of their most active workers are the non-graduates. We sincerely believe that no harm can come to Arkansas by treating them in this way. If we continue to try to keep them on the out side, we know what the result has been. If we take them in as members, we certainly cannot make matters any worse. However, this is a subject for the State Medical Society to ponder and decide, but we trust that it will be brought up in the House of Delegates, and that each member will express his sentiments freely, unbiased and unprejudiced, and vote accordingly.

—X—

THE \$5 INSURANCE FEE.

The insurance situation grows more acute as the days go by, and the lines are being drawn more definitely, despite the fact that concessions are now under way, which may mean a settlement of this question. County Societies all over the United States are still passing resolutions favoring a flat \$5 fee; and in many instances our personal information is that these \$5 counties are receiving a \$5 flat fee for every life insurance examination, while their neighbors are still doing the same work and receiving \$3. There is no good reason for this.

Pulaski County, it is true, voted against these resolutions, much to our regret; but the situation confronting us here may be a little different to what it is in other parts of the State. The cloak of Charity may be justly thrown around the shoulders of the Pulaski County Medical Society in voting against this proposition, but we believe that it would have been for the best for Pulaski County to have come out squarely for the \$5 fee. We firmly believe that our State Medical Society, at this meeting, should take up this question and settle it once for all, definitely, one way or the other. The State Society should dictate the policy and say what the County Society shall do, and not leave the matter to the County Society for action. It leaves the question in an unsettled condition, which will mean that it never will be satisfactorily adjusted until the State Society's action is decided.

PHYSICIANS' PRESCRIPTIONS AND THE NATIONAL PURE FOOD LAW.

A press dispatch from Washington has the following to say regarding the violation of the National Pure Food Law by physicians: "Physicians whose practice takes them back and forth over State or territorial lines may be surprised to know that each day they are violating, many of them, the Federal pure-food law.

"A decision just made by the legal advisors of the Department of Agriculture holds that a physician cannot lawfully send or ship across a State line a package of medicine of his own compounding, unless there is a label on the package bearing the information which is specifically called for by law. He can, however, carry the package across the line himself, without reference whether it is properly labeled, as can also the patient or a member of the patient's household. But the package in the latter instance, must not be subject to sale.

"In view of this decision, a physician may carry a package of medicine across a State line if he is traveling on a train, or by any other mode of transportation, without it bearing the pur-food label, but should it be too heavy for him to carry, or should he decide for any other reason to send it by express, even though he is on the same train, the law is violated if it is not labeled. The first transaction is not considered one of interstate commerce.

"The same law applies to druggists, compounders and their agents."—*Ex.*

—X—

"Smallpox can, but never will be, wholly eradicated. The chief obstacle which stands in the way of eradication is the inability to recognize facts and to make proper deductions from them, which seems to be associated with certain orders of mind. The facts with regard to the production of smallpox immunity by vaccination are established. The order of mind which leads to their denial will probably never disappear from the human race."—*Councilman.*

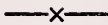
—X—

OSTEOPATHY IN THE DISTRICT OF COLUMBIA.

A very important bill, entitled "An Act to Regulate the Practice of Osteopathy, &c.," in the District of Columbia, was fought over very earnestly by its adherents on one side

and the regular medical profession of the United States on the other. It is well recognized that this act was intended as an entering wedge by the osteopaths, and would have served to give them a certain degree of recognition by the national government. It was recently killed in the District of Columbia Committee by a vote of over 2 to 1, and the victory may be considered, as one of some importance. The Committee on Medical Legislation of the American Medical Association had labored assiduously to defeat this bill, and they were materially assisted by the earnest efforts of Hon. A. J. Barchfeld, M. D., who was a member of the Committee to which the bill had been referred. Dr. Barchfeld had expressed implicit confidence in the good judgment of the members of the District of Columbia Committee, and took personal charge of the work against the bill. He is to be congratulated upon the successful issue of his fight, and the members of his Committee as well for their sound conclusion. The American Medical Association, and especially its Committee of Medical Legislation, also shared in the credit for the victory. Our Congressman, General Meyer, who is also a member of the District of Columbia Committee, had promised to interest himself in the question and no doubt did what was proper under the circumstances.

If the medical profession, especially through its State and national associations, more frequently took the initiative and acted in a united manner on subjects that interest not only the professions, but deal with the general welfare of the people, there is no doubt that tangible results would follow.—N. O. Med. and Surg. Jour.



MEDICAL LAW OF CALIFORNIA.

California has a new medical law, which goes into effect May, 1907. The law is criticized by one Journal in particular in that State.

Section 6 provides for three forms of certificates: The first authorizes the holder to practice medicine and surgery; the second one authorizes the holder to practice osteopathy; the third entitles the holder to practice any other system and may treat the sick and afflicted in own peculiar style.

In referring to this section it is claimed that it is intended to give full scope to

vitopathy, faith healers, holy rollers, healing by suggestion, spiritualism, Christian Science, absent treatment healers, healing by laying on of hands, hydropathy, or water cure, mesmerism, etc., including, as one journal expresses it, "dampphoolism."

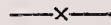
It rather strikes the Journal of the Arkansas Medical Society that instead of criticising this section, that it is a commendable move on the part of the medical profession of California. These frauds are all around us; they have to be reckoned with. Instead of fighting them, it is much better for the medical profession to have a law whereby the same will be within their power to regulate, control, rule out, fail to recognize and do as they please with.

The law as it reads does not require the medical board of California to grant a certificate to any one. In other words, the State Medical Board of Examiners is a law unto itself. It can refuse to issue a license to any of these "isms" that it may chose. For that matter, it can refuse to license physicians; it is wholly within their province.

Our word for it, California will rid itself of this class of "cattle" sooner than the States that are fighting them.

The result is painfully apparent whenever the medical profession undertakes to pass a law that is beneficent and necessary to the public safety and health. Generally speaking, we usually find that some of these fellows are fighting us, and arousing the prejudices of the laity, till the average legislator is ready to join in the howl that the doctors are trying to form a trust!

The California law seems to us a good one. Let them get their certificates—if they can!



ADDRESSES OF WELCOME AND RESPONSES.

Hon. W. E. Lenon, Mayor, City of Little Rock, will deliver the address of welcome on behalf of the city, while Dr. H. H. Canfield, of Siloam Springs, will deliver the address in response on behalf of the Arkansas Medical Society, and Dr. Anderson Watkins, president, will deliver the address in response on behalf of the Pulaski Medical Society.

All of these gentlemen have signified their willingness to discharge these duties, and each is peculiarly fitted for the task imposed.

BOARD OF TRADE.

Little Rock, March 29, 1907.

Dr. C. C. Stephenson, City.

Dear Doctor: Your favor of the 27th inst. received.

Mr. Rogers, president of the Board of Trade, instructs me to write you that he recommends Hon. W. E. Lenon, Mayor of the City of Little Rock, as the proper person to deliver the address of "Welcome" to the Society at the Convention in May.

Yours truly,

Geo. R. Brown,
Secretary.

—X—

Doctor, don't forget to hand your paper to the stenographer as soon as read. This is important.

—X—

CANES FOR NORWOOD AND HARRISON.

We are just in receipt of information that the State Medical Board of the Arkansas Medical Society, at its meeting, presented "canes" to these two excellent gentlemen who are members of the Board, Drs. M. L. Norwood, of Lockesburg, and F. E. Harrison, of Fordyce.

These tokens of esteem are worthily bestowed.

Our doctrine has always been that a tribute to the living is worth a thousand times more than an epitaph.

—X—

ACUTE LOBAR PNEUMONIA.

Its Clinical Features in Persons of Different Ages.

Read before the Randolph County Medical Society, April 18, 1907, by Dr. J. J. Johnson, Biggers, Ark.

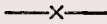
Gentlemen: I write this paper not for the purpose of bringing out anything new, and I take the commonest form of disease because it is about the only kind I know anything about, and I am not overstocked with knowledge concerning it, which latter fact no doubt will soon be apparent to your

minds, as I am determined to write this paper without the aid of a book, journal or dictionary, and a large part of it has been written in a barbershop today since coming to town while waiting for my turn. I shall not touch upon the etiology, pathology or treatment, but my remarks shall be directed principally toward the symptomatology of the disease as outlined in the text of or heading of this paper, to-wit: The clinic symptoms of this disease in persons of different ages. I will first take up the symptoms mostly found in persons between the ages of five and sixty years. In these cases the disease is ushered in by a distinct chill. In about 90 per cent of the cases the chill is usually severe and prolonged, nearly always occurring during the night time, followed by a temperature of 102 to a 105 F., though generally about 103 or 104, a quick, full bounding pulse and pain near nipple of affected side; usually somewhat dull in character, but continuous and rather severe; characteristic odor about the breath, coated tongue, constipated bowels. The bowels nearly always having failed to act at the last regular time. Urine scanty and high colored, some times suppressed; I have seen cases where the urine was suppressed as long as three days. Respirations increased in number and panting in character. Cough paroxysmal in character, brick-dust or rusty colored sputum, face usually has mahogany flush. The patient is usually restless, but preferring to remain in bed, lying mostly on affected side to splint, as it were, thereby lessening motion of respiration. In drunkards the symptoms usually simulate more than those of old persons, which will be taken up last in this paper. We will now take up the symptoms found in persons under five years of age, especially those that differ from the other classes of individuals. First, the chill which is only present in forty per cent of the cases, the fever is usually higher and the cough is less or almost none at all. No pain, and instead of preferring to remain in bed, the child wants to stay up and will sit on its mother's knee by the fireside until it dies, if permitted to do so. The rest of the symptoms so far as I know do not materially differ from the other two classes.

We will now turn our attention to the symptoms found in pneumonia of persons

above sixty years of age. The onset is marked by a chill in forty per cent of the cases. In the remaining sixty per cent there is only a feeling of malaise or chilly sensations followed by no cough, no pain, no fever. The disease usually terminating fatally. Though before the termination, if fatal, there is always a period of excitement, the patient will whoop and yell, calling bystanders, friends and relatives all kinds of names. They fight at imaginary objects, and sometimes have to be held to keep them from leaving the bed and room. In a few hours this period of excitement gives away to coma, which may last several hours, death closing the scene.

In some patients the period of excitement is the first symptom that may attract very much attention. In others it may be modified by treatment or delayed several days. In these latter cases the patients may not seem to be very sick, and they are often hard to keep in bed, usually wanting to be up by the fireside, with coat or some other garment thrown over the shoulders, smoking a pipe, if they use one. And it is not an unusual thing for an old person to leave the bed and go to the dining room and kitchen and prow around barefooted, hunting something to eat, only a few hours or a day or so before death.



MEDICAL ITEMS.

There are eight physicians in the new German Reichstag.

The Russian Douma has twenty-seven members of the medical profession belonging to it.

The Pennsylvania legislature has introduced a bill prohibiting the establishment of any further hospitals in Philadelphia.

The Medical University of Montreal has lengthened its term for the degree of M. D. C. M. to five years instead of four.

The Starling Medical College and the Hall Medical College have been absorbed by the Ohio State University.

The Medical College of Alabama is now called The Medical Department of the University of Alabama. The legislature has appropriated \$45,000 to further the completion of this university, and granted it \$5,000 annually.

California came near losing its vaccination law recently. Thirty-seven assemblymen voted for it. It was only saved by four votes.

The press reports inform us that a hospital is to be erected by the Evangelists of Jerusalem to be located on the Mount of Olives. It is said that the cornerstone was laid on Easter Sunday. This is certainly a fitting place for the erection of a hospital.

A bill legalizing the practice of Christian Science healing was passed by the _____ House of Representatives, recently, and has been transmitted to the Senate. This after an open debate between representatives of Christian Science and the medical profession.

The senate committee on public health (Texas) made a favorable report, March 25, on the house bill appropriating \$150,000 for the establishment of a State sanitarium for tuberculosis.

A Pasteur Institute, for the free treatment of hydrophobia, has been established at the city bacteriologist's office in the City Hospital, St. Louis. Dr. Downey L. Harris is in charge of the institute, for the use of which five rooms have been assigned.

The annual report of Sealy Hospital, Galveston, Tex., shows that in 1906 there were 40,556 hospital days, a gain of 4,434 as compared with 1905. The daily average of patients for the year was 111, and 1,550 patients were admitted.

At a competitive examination for the position of interne at the Williamsburg Hospital, Miss Mary Crawford, a student at the Cornell University Medical College, won the appointment, against thirty-four male competitors. Miss Crawford will begin work as an interne on January 15, 1908. After four months' work in the hospital she will become an ambulance surgeon.

The first annual commencement exercises of the Mississippi Medical College, Meridian, were held March 30, when a class of 22 received diplomas. Dr. Wm. W. Hamilton, president of the faculty, presided; Dean Nathan L. Clark gave a short historical review of the institution; Mr. Edwin McMorries, president of the board of trustees, awarded the diplomas, and Dr. W. T. Lowry, president of the Clinton (Miss.) College, delivered the annual address.

Major Jefferson R. Kean, U. S. Army, reported on April 6 a case of yellow fever at Nueva Paz, in the southeast corner of Havana province. The patient was a Spaniard who had arrived from Spain December 13, and had not left the part of Cuba in which he was taken ill since that time. There is believed to be no reason to fear infection in Havana.

The Congress of American Physicians and Surgeons will hold its seventh tri-annual session at Washington, D. C., on May 7, 8 and 9, 1907. All physicians are invited to attend the meetings of the Congress, which will be held in the convention hall of the Arlington Hotel, at which place programs and other information may be had.

The Mississippi State Anti-Tuberculosis League will meet in Meridian May 8 to 10. The good that can be done by such an organization cannot be overestimated and it is earnestly hoped that there will be a large attendance. Mississippi has been somewhat slow in taking up the "anti-tuberculosis crusade," and is suffering the consequences although not sufficiently wide awake to realize it. Dr. S. B. Flint, Meridian, is the president, and Dr. F. L. Walton, Meridian, the secretary.



SOME SIDE REMARKS.

If a doctor has a testy temper, it is folly to put him to the test.

Fame may be the only flower upon a dead physician's coffin.

A physician with individuality is every where spared and respected.

It is refreshing to hear a hen-pecked doctor crow when he is away from home.

Doctor, don't abuse your enemies; make them ashamed of themselves.

When the lid is on tight, some physicians may have an excuse for being sober.

A "big stick" is all right if it be in the hands of the right physician.

If a doctor's mistake turns out to be profitable, it is no longer called a mistake.

No true physician will accept profit which comes from the misfortune of other doctors.

It may sometimes happen that a wise physician will have occasion to marvel at his own ignorance.

When a doctor is down in the world an ounce of help is worth pounds of preaching.

Every physician is useless in this life who does not lighten the burden of some one else.

Some blessings come to us in disguise, and they go away without revealing their identity.

The other physician's ideals may not always be square deals.

Unless a physician has money, it is doubtful whether he can afford to be eccentric.

The faults of our head are patent in this world; those of our heart in another.

Doctor, learn this one lesson: Hatred does not cease by hatred; but only by friendship and love.

If it were impossible to speak anything save the truth, the medical profession would have very little to say.

Any physician who will purposely cheat his friend, or his enemy for that matter, would cheat his God.

The saddest thing that can befall any physician is when he loses his faith in his God and in womanhood.

If any physician will seek greatness, let him forget greatness and seek truth, and he will find both.

A physician who is an egotist, is one who talks so much about himself that he does not give you time to talk about yourself.

Some physicians are like the Japanese proverb: They take a drink, then the drink takes a drink; then the drink takes the man.

If a physician has an aim in life, a purpose in view, a prize to attain, his beginning will start forth like buds in the Spring.

The measure of respect that you show to your brother practitioner, is the measure of respect that you feel for yourself.

Any physician who makes the acquaintance of the devil, will find it hard to prevent such acquaintance from ripening into friendship.

Fame is a delightful asset for any physician; but as collateral for a loan it does not rank very high.

Few doctors can get along in this life without co-operation and support of others. Independence is usually out of the question.

The doctor who never makes a mistake and cures all of his patients, usually ends his days trying to make others believe what he says.

When a doctor has a grievance he develops a mania for taking into his confidence every strange physician he meets.

Every physician should remember that cleanliness is next to godliness; but that there is no law against having both.

The laborer is worthy of his hire; but if some physicians received pay according to their work, pay days would be few and far between.

Every doctor's experience of today is that he was a fool yesterday, as well as the day before. Tomorrow he will mostly be of the same opinion.

Fortune knocks at every physicians' door; but in a number of cases the man is in a neighboring saloon and does not hear the knock.

The doctor who continually worries over the problems of the State and nation, is generally the fellow who lets his wife worry over the problem of feeding the household.

The good physician is influenced by God, and is a kind of divinity within himself; so that it may be a question whether he goes to Heaven or Heaven comes to him.

Beware of the physician who is always looking for a chance to do you a favor; some day you may awake to find that he has his foot on your neck.

A continued application of whiskey has been used to cure baldness; but most physicians are inclined to apply the remedy a few inches below the afflicted spot.

Most physicians are willing to discount the blessings of prosperity for ready cash; and most of us are willing to let the other fellow enjoy the blessings of poverty.

The physician who discovers that he knows little and is not a first class judge, or eminent in his line is certainly on the road to wisdom.

You cannot tell anything about the speed of an automobile by the noise it makes; neither can you tell about the practice of some practitioners after you have heard them talk.

Wise doctors and fool doctors both have faults; the only difference is the faults of the fool doctor are known to the world, but hidden from himself, while those of the wise doctor are known to himself, but are hidden from the world.

If we were as lenient in judging the faults of our brother practitioner as we are of our own, nobody would be censured for anything.

Doctor, it is not what you go after, but what you get that makes the difference.

There is nothing in this world that costs less than encouragement; and there is nothing worth more to the physician needing it.

—X—

PERUNA BEFORE A NEW YORK JURY.

In order that those of our readers who do not subscribe for, or buy Collier's great Weekly, we reproduce the following half page devoted to "Peruna," which needs no comments or explanation. Verily the coils are tightening, and one by one the frauds are receiving their just deserts:

"Lawsuits in New York are long in coming to a final termination. One has recently been concluded which began in September, 1905. About that time Dr. Hartman was selling a good deal of Peruan—much more than he is now—to rural prohibitionists who liked the effect but not the name of alcoholic stimulants. He was advertising Peruna, as he is now, "as a permanent and radical cure" for catarrh. Just by way of contrast between patent-medicine advertisements and court verdicts, a few extracts may be given from the voluminous advertising of Peruna in the *World*, the *Sun*, and other New York papers:

"Peruna cures catarrhal diseases of the stomach."

"Peruna cures catarrh wherever located."

"Peruna is a well-tried specific for La Grippe."

"Peruna prolongs the life of old people."

"Peruna cures permanently . . . catarrh of the bladder and of the kidneys."

"Peruna is not a stimulant."

So much for what the Columbus quack was claiming for his nostrum. In September, 1905, the New York State Excise Department concluded to look into the matter. If Peruna was medicine, druggists could sell it without license; if it was, as the Excise Department believed, nothing but plain booze, then they must have the same license and pay the same tax as a saloon-keeper or any other seller of alcoholic beverages. So agents of the department went into the drug store of Dwight & Nye, in Syracuse, and bought five bottle of

Peruna. Then they immediately had Dwight & Nye prosecuted for selling alcoholic drinks without a proper license.

Of course the druggists fell back on Dr. Hartman to defend them. He made a great show of indignation over the suit, but when Attorney Herbert Kellogg of the New York Excise Department went out to Columbus to put him under oath and make him testify, he fell back on the formula: "I am advised by my counsel that I do not need to answer that question."

He did contribute, however, one fact of interest in the history of patent-medicine fortunes. He said he had practised "in all of the States of the Union, excepting those on the Western slope." With true patent-medicine bent for ornate language he described his life as a traveling quack as "the itinerant practice."

Interesting, too, in view of the outcome of this lawsuit, was his testimony that "Peruna is a remedy for Bright's disease." Also, he swore with pious unction, "there is no whisky in Peruna," and did some artful dodging to get away from Attorney Kellogg's questions as to whether alcohol does not aggravate, rather than cure, Bright's disease.

At the trial of the case, there was of course, plenty of expert testimony as to the precise chemical contents of Peruna. It developed that, to start with, nearly three-quarters of it was water, 72.50 per cent, to be exact. Then was 27.07 of alcohol. Added together, these two percentages don't leave much out of a hundred. As a matter of fact, after the water and the alcohol were removed, less than one-half of one per cent remained. And of that, half was burnt sugar put in to give a good color to the raw alcohol and water. All the testimony, under the cross-examining of Royal R. Scott and Herbert H. Kellogg, who, together with William Vanamee, represented the State, was to the effect that Peruna had all the qualities of cheap and nasty booze—that a man could readily drink a pint a day of it, and that *it would have a very irritating effect on the kidneys*. The testimony of the chemists and doctors was all to the effect that the stuff had absolutely no medical value.

When it came to putting the case to the jury, the five questions printed on this page were framed by the judge, and the case was given to the jury in that form. The answer

to each question was "no." On this finding, of course, the druggists who sold it were put in the same class as saloon-keepers, and were compelled to pay the forfeiture required of

A JURY'S VERDICT ON PERUNA.

Druggists in Syracuse, New York, were sued for selling Peruna without a saloon-keeper's license. The question whether Peruna was a medicine or just plain booze was put to the jury in the form of the following six questions. To each the jury's answer was "NO."

Q. 1.—Is the preparation contained in the five bottles of Peruna produced by the plaintiff, consisting of alcohol, water, and certain drugs, a proper remedy for the treatment and cure of Bright's disease? A.—NO.

Q. 2.—Is the preparation contained in the five bottles of Peruna produced by the plaintiff, consisting of alcohol, water, and certain drugs, a proper remedy for the treatment and cure of acute catarrh? A.—NO.

Q. 3.—Is the preparation contained in the five bottles of Peruna produced by the plaintiff, consisting of alcohol, water, and certain drugs, a proper remedy for the treatment and cure of chronic catarrh? A.—NO.

Q. 4.—Is the preparation contained in the five bottles of Peruna produced by the plaintiff, consisting of alcohol, water, and certain drugs, a proper remedy for the treatment and cure of diseases of the mucous membrane? A.—NO.

Q. 5.—Was the quantity of alcohol, 26 to 27 per cent, contained in the preparation in question necessary to hold the drugs actually put therein, in solution? A.—NO.

Q. 6.—Was the quantity of drugs contained in one bottle of the alcohol diluted with water sufficient in amount, in tablespoonful doses three or four times a day, to produce any appreciable remedial effect? A.—NO.

those who sell liquor without a license. The case fixed the status of Peruna in New York; the conduct of it was a thoroughly creditable piece of work on the part of the New York

Excise Department and its attorneys. Their work should point the way for the proper officials of other States, and druggists who have not sufficient self-respect to throw off their shelves all patent medicines whose main ingredient is alcohol should be taught the lesson that these Syracuse druggists learned to their cost. Since so much trouble has been made for Dr. Hartman by State and Federal collectors of whisky taxes, he has tried to take his "Peruna" out of the class of nasty whiskies by changing the formula to include enough potential stomach-ache to restrain any but the most inveterate tippler.

But the New York Excise Department is not done with the cheap brands of liquor which are masquerading as patent medicines. As to the further plans of the department, there is hope and encouragement in the following extract from the recent annual report of the Excise Commissioner:

"A very serious abuse exists in the sale of the so-called proprietary and other medicinal preparations, known generally as 'patent medicines.' There is among advocates of high license, local option, temperance reform, and prohibition a wide divergence of opinion concerning the sale and use of liquor as a beverage, and as to the wisest regulation of the traffic by the State, but there should be no division of sentiment regarding the right and duty of the Legislature to prohibit unconscionable manufacturers from fraudulently putting on the market an inferior grade of liquor, under the respectable and deceptive mask of curative medicines, in order to deceive the people, and, through their credulity and fear of sickness, create a demand and appetite for liquor in men, women, and children, who could be induced to take it only as a disguised intoxicant, and in absolute ignorance of its true character. for the good of the State, and the physical and moral welfare of her citizens, this outrageous fraud upon the weak and helpless should be speedily suppressed. I am aware of nothing done by the liquor dealer that compares in heinousness with the dastardly methods practised by the manufacturers of dishonest remedies, or that is more dangerous to public morals. The State should protect our people, druggists, and the medical profession against this iniquitous sham."

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Doctor, don't forget to hand your paper to the stenographer as soon as read. This is important.

TWENTY-THREE GIVEN LICENSE.

At a recent examination conducted by the State Medical Board of the Arkansas Medical Society in Little Rock, the following applicants were successful, and will be granted license:

S. D. Bettis, Batesville.
 W. H. Bruce, El Paso.
 F. J. Burgess, Whittington.
 P. A. Conner, Biggers.
 F. W. Didier, Fourche.
 H. S. Garlington, Crawfordville.
 Robert J. Hall, Wheatley.
 Cad H. Henry, Bearden.
 Charles S. Holt, Hazen.
 I. H. Jewell, Paris.
 Charles A. Lumsden, Little Rock.
 A. L. Maxwell, Little Rock.
 Robert N. Manley, Dover.
 J. G. Omelvena, Fort Smith.
 J. G. Price, Collierville, Tenn.
 G. B. Replogle, Little Rock.
 James B. Strachan, Little Rock.
 R. O. Smith, Oxford.
 C. M. Shelton, Snow Lake.
 R. P. Thoxton, Bernice, La.
 J. R. Wayne Jr., Argenta.
 B. L. Wadley, Little Rock.
 Bert L. Ware, Greenwood.

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DR. E. C. REGISTER'S NEW BOOK.

"Practical Fever Nursing," will soon be issued from the presses of the W. B. Saunders Co., of Philadelphia. Dr. Register is well known as the editor of the *Charlotte Medical Journal*, and as Professor of the Practice of Medicine in the North Carolina Medical College at Charlotte, N. C. He is a widely traveled, well read, and a polished, dignified gentleman. He has always enjoyed a large and lucrative practice in his home city as well as in nearby towns and in adjoining States. From his varied and ripe experience in the profession the doctor is in a position to write authoritatively on the subject of "Fever Nursing."—Gaillard's Southern Medicine.

PHYSICAL DIAGNOSIS WITH CASE EXAMPLES OF THE INDUCTIVE METHOD by Howard S. Anders, A. M. M. D., Professor of Physical Diagnosis, Medico-Chirurgical College, of Philadelphia; Physician to the Philadelphia General Hospital, Tuberculosis Department, Late President of the Pennsylvania Society for the Prevention of Tuberculosis; Member

American Climatological Association, American Association for the advancement of Science, etc. With eighty-eight illustrations in the Text and thirty-two Plates. D. Appleton & Co., New York.

This is an important subject and needs a bold and masterful handling. We believe that heretofore there has been very few really good books upon this subject. This work clears the way and acts as a guide for the student and the practitioner who must perfect themselves in this important branch of medical science.

Proper emphasis has been given by Dr. Anders to the value of INSPECTION, a point too often neglected, and also MENSURATION, especially as is useful to medical examiners for life insurance. Methods of PERCUSSION are described in detail. There is a most valuable article on STETH-

HOSCOPIES and the relative advantages and disadvantages in AUSCULTATION. There are tables of DIFFERENTIAL PHYSICAL DIAGNOSIS, and a graphic chapter on HEART MURMURS. There are many plates of X-ray illustrations, perhaps the finest ever shown in a work upon PHYSICAL DIAGNOSIS. Dr. Anders maintains his excellent reputation in giving the profession this splendid work, which is exceptionally a good one.

FIFTY-EIGHTH ANNUAL REPORT of the Board of Trustees and Superintendent of the Central Indiana Hospital for the Insane, at Indianapolis, Indiana, for the fiscal year ending October 31, 1906, to the Governor.

NINETEENTH BIENNIAL REPORT of the Board of Trustees, Superintendent, and Officers of the Arkansas Deaf-Mute Institute, 1904-1906.



"IS THIS THE PARTING OF THE WAYS?"

THE OTHER SIDE.

By John B. Bond, Sr., Pharmacist.

In the April issue of the Journal there appears an editorial with the above inquiry. I am constrained to ask of the Journal the privilege of offering some comments on the editorial. I shall not attempt any lengthy reply nor will I go into the Patent Medicine argument. To do so would perhaps be an unwarranted imposition on your valuable space.

I object in the first place to the caption as being inopportune. The druggists of the State have been congratulating themselves that there were no unpleasant results, no hard feelings, engendered by the "hand to hand" struggle over the Patterson-Black Patent Medicine bill. All acrimonious discussions, actions or words had been sedulously avoided by the druggists of the State, and we supposed that the very pleasant relations existing between them and their elder and superior brethren, were wholly unimpaired.

Why should the official organ of the Arkansas Medical Society intimate that there is reason to debate the question of a severance of business relations between physicians and druggists of Arkansas? What have the druggists done or said in the late patent medicine discussion to warrant such a suggestion on the part of the official mouth-piece of the Medical Society?

The Patterson-Black bill did, it is true, create great consternation in the ranks of the druggists of the State. These gentlemen, in common with thousands of honorable dealers all over the United States, have for many years derived a large portion of their incomes by selling to intelligent citizens of Arkansas, the very merchandise, which they earnestly believed the Patterson-Black bill would drive from their shelves.

Possibly they are wrong in this opinion, but they thoroughly believed it all the same, and, so believing, is it to be wondered at that they should put forth all their efforts to preserve their bread and meat?

It is also true then that the druggists of Arkansas arose as one man to oppose the measure. They contemptuously refused to be guided by their long-trusted representatives in such matters. The writer and his associates, who were overwhelmed with

denuciations on one hand and with ridicule on the other. But, in all this, no unkind words were used in public or in private by the pharmacists of Arkansas against the physicians of the State so far as this writer ever heard.

It should not be forgotten, that the question was sprung suddenly on the druggists of the State. That there was no proper opportunity given them for calm deliberation. Four pharmacists only, in the entire State, so far as it is known, were captured by the very able and courteous committee from the State Medical Society. Of the four gentlemen, the writer was one. We did agree to support the Patterson-Black bill after it had been revised and expurgated from the exceedingly obnoxious measure proposed by said committee. This revision was made at the earnest solicitation of the four pharmacists mentioned, who were therefore in honor bound to support it, and believed at the time, the Arkansas druggists would co-operate with them. Alas! They "counted without their host," and could not deliver the goods!

The measure was defeated by the influence of Arkansas druggists, mainly outside of Little Rock.

The editor of the Journal personally knows something, but not nearly all, of how this writer labored to kill that silly amendment to place on all bottles, the formula of the prescription written by physicians. No pharmacist was the father of that amendment, and none would have obeyed such a law had it been enacted. Leading druggists wrote the undersigned, "If we must have the Patterson Bill, let it be a straight one, with no such fool amendment as that."

It is not wise to talk of a business war between physicians and pharmacists, there is no need for it now or ever. Besides it might be well for all to reflect that such a war would not be wholly considered!

I beg to urge therefore that the idea of any "parting" between druggists and physicians of this State be discarded from all minds. It never could be generally adopted anyway, for, we are brethren and blood is thicker than water.

There is much interest aroused in the ranks of leading druggists over the questions involved in the Patterson Bill. If the physicians of the State imagine that the controversy just closed will be barren of good

results they greatly err. The heaven of "proper publicity" is working just where you want it to work, in the minds and hearts of the leaders of the drug trade.

Touching the particular methods adopted by the druggists to oppose the measure so much feared by them, this writer knows but little. He was a supporter of the bill at first, but was soon run over and forced to "take to the woods," from which he rarely emerged. Therefore which side first put circular on the desks of the members, he does not know; nor does he see anything wrong in that method of reaching the "solons."

The essential portion of the "queries" mentioned in the editorial as to what the pharmacists will do to further promote harmony, will, in my opinion, be answered satisfactorily, with or without joint meetings; and if the physicians say so, perfect harmony will continue as heretofore.

I close this rambling comment with the statement that I am a strong supporter of the basic principal of the National Pure Food and Drug Act; it is a splendid achievement of the best medical minds of the country. It should be re-enacted in every State; but the abortifacients should not be included in the list of agents to be printed on the package. To do so would defeat the very thing humanitarians so much desire, for then such "medicines" would be in greater demand than ever. The sale of all such remedies should be absolutely prohibited under heavy penalties except on the order of a registered physician. Take my word for it, that all reputable pharmacists will assuredly agree to such a consummation.

The promoters of the Patterson Bill seem to lay great and needless stress on the fact that the National law will not probably reach such patent medicines as Liquozone and other admittedly useless, though absolutely harmless preparations. They say "Such humbugs should not be sold!" These gentlemen forget that people buy thousands of foolish foods and drinks simply because of the advertisements! Some persons, too, buy diamonds, some buy pearls, others invest in illuminated neckwear and variegated socks; why not allow other silly persons to buy and swallow Liquozone, as it is admittedly harmless?

Therefore let us adhere to the magnificent principle of the National law and brand the

really harmful, habit forming preparations that are offered to the ignorant public. That is enough "paternalism," surely.

Dr. Bond's article was received too late for a reply *in extenso*; but what he says we have read with consideration, for we admire him as a man and Christian gentleman. We sympathize with him and his colleagues, Messrs. Dowdy, Snodgrass and Staehl, who met the Committee on Medical Legislation while framing the Patterson-Black Bill. After they endorsed the bill over their signatures, the State Association of Pharmacists humiliated them by refusing to accept their work. In other words the Association asked them to serve them (which they did conscientiously) and after this service was rendered they were embarrassed by the Association repudiating their work.

Without considering the relative merit or demerit of our good friends reply, we can only say the State Society may act on the matter if it wishes. Our suggestion to the House of Delegates and the State Association of Pharmacists is for both to appoint a special committee or entrust their legislative committees with the question of meeting and discussing the situation frankly to each other and formulate their conclusions and publish same in order that we may understand in each other's attitude in the future should an occasion similar to what we have experienced arise.

The action of this committee from both bodies should, however, be respected enough to be binding.

Below we publish an article taken from the Kentucky (State) Medical Journal, which shows the conditions in that State:

MUST THE DOCTORS AND DRUGGISTS PART COMPANY?

The action of the Woodford County Medical Society in regard to drug store abuses, reported in our last issue, is both timely and significant. Many years ago the almost universal practice of systematic substitutions, duplication of prescriptions and of prescribing over the counter, especially for venereal diseases, by even the more reputable pharmacists, drove the profession of Europe to the habit of dispensing drugs from the office.

Except with country practitioners, and in a few cities and towns where these evils were deemed intolerable, this practice has not come into general use in this country. In recent years these abuses have grown so rapidly and have become so gross and blatant as to seriously raise the question as to whether or not we have come to the parting of the ways with our drug friends.

Almost daily we read in the newspapers guarantees from leading druggists of the cure of the most complex diseases, of which they know nothing, by means of nostrums of which they know less, except that their chief ingredients are cheap alcohol and dope, and the claims for which they know and we know are false and fraudulent. Boys and young men ignorantly are mischievously encouraged in vicious living, mistreated and misled, and the health and lives of their future wives are endangered to an extent which makes it a great public problem. And as if to emphasize the extent to which this once honorable vocation has become commercialized and debauched, the nostrum manufacturers, reeking with recognized crime and fraud, were able to marshal both the wholesale and retail druggists almost solidly against the national pure food bill, just as they are now pending before the various state legislatures.

This is a most important problem. Many of us have grown so accustomed to writing prescriptions that it has become a fixed habit, and only a sense of duty to our patrons and the profession will force us to dispense our own drugs. However existing conditions, insulting to the profession and still more dangerous to the people, are intolerable. We can live without the druggists, with colony offices, with tablets, triturates and other modern conveniences in dispensing, as our homeopathic and eclectic brethren have always done, and it seems that the druggists have made up their minds to live without us. It is evident that it is soon to become a distinct issue, and in view of its importance to us, the druggists and the people, we suggest that it be made a special topic for discussion in each county society for June, or some other early meeting, and that the conclusions be reported to the Journal. It is also suggested that conferences be arranged with the druggists wherever there is promise of good results from such action, that especial attention shall be given and report made as to the stand the druggists of the county will take

in regard to any legislation which may be proposed, looking to the restriction of the sale of habit-producing nostrums. We think it far better to come to terms with the druggists if it can be done with justice to ourselves and the people, and the conferences should be undertaken with this end in view, but the gravity of the situation should be fully appreciated on both sides, and it should be plainly and frankly made known that existing conditions can not continue. We hope to hear from each county society.—*Kentucky Medical Journal.*

—X—

RATES TO THE MEETING.

C. C. Stephenson, M. D., Secy. A. M. S.,
Little Rock, Ark.

Dear Sir: Referring to your favor, 23rd, I take pleasure in advising that for meeting of the State Association at Little Rock, the Rock Island lines will sell tickets from points in Arkansas at three cents per mile plus 50 cents, May 14th and 15th, with return limit May 19th. Notice to this effect will be sent our agents in a few days.

I am unable as yet to state what action will be taken by other lines, but have no doubt you will hear from them in a few days. This matter was handled by Mr. J. E. Hannegan, Chairman, but you doubtless understand that matters of this kind take time, especially in view of the recent material changes in local rates.

Yours truly,

Geo. H. Lee.

—X—

THIRD ANNUAL CONFERENCE.

Of the Council on Medical Education of the American Medical Association, Held in the Parlor, on the Second Floor of the Auditorium Hotel, Chicago, Monday, April 29, 1907.

Program.

10:00 a. m.—Morning session:

1. Address of the Chairman.
Dr. Arthur Dean Bevan, Chicago.
2. Report of the Secretary.
Dr. N. P. Colwell, Chicago.
3. Reports of Committees.
a—Committee to consider advisability of allowing a year's advanced standing in the medical school to graduates of colleges of Arts and Sciences.

Chairman, Dr. John M. Dodson, Dean of Rush Medical College, Chicago.

Dr. Samuel W. Lambert, Dean College of Physicians and Surgeons, New York.
President J. H. T. Main, Iowa College, Grinnel, Iowa.

Dr. W. S. Fullerton, Secretary Minnesota State Board of Registration, St. Paul, Minn.

b—Committee to consider details as to the requirement, in addition to a four-year high school education, of a year to be devoted to physics, chemistry, biology and one language, as a prerequisite to the study of medicine.

Chairman, Dr. John H. Long, Professor of Chemistry, Northwestern University Medical School, Chicago.

Dr. Charles R. Bardeen, Professor of Anatomy, University of Wisconsin.

Dr. George A. Piersol, Professor of Anatomy, University of Pennsylvania.

4. Discussion.

2 p. m.—Afternoon session:

1. Conditions Controlling General and Medical Education in the South.
Chancellor J. H. Kirkland, of Vanderbilt University, Nashville.

2. Inspection of Preliminary Credentials by an Officer of the State Examining Board.
Dr. Dudley Tait, President California State Examining Board, San Francisco.

3. What Constitutes a Reputable Medical College?
Dr. Howard J. Rogers, First Assistant Commissioner of Education, Albany, New York.

4. Methods of Conducting the State Board Examinations.
Dr. Beverly D. Harison, Secretary Michigan State Board of Registration, Detroit, Mich.

5. A Plea for a Licensure Examination in Two Parts.
Dr. W. T. Means, Chairman Judicial Council, Association of American Medical Colleges.

6. Discussion.





BOOK REVIEWS



The following reprints have been received by the Editor:

BACTERIOLOGY OF A CASE OF DENTRITIC KERATITIS. By George F. Keiper, A. M., M. D., Lafayette, Ind., Ear and Eye Surgeon to St. Elizabeth's Hospital, St. Joseph's Orphan Asylum, Tippecanoe County Children's Home, Indiana State Soldiers' Home, Pension Bureau, etc., and Frank R. Spencer, A. B. M. D., Boudler, Colo. Read at the tenth annual meeting of the American Academy of Ophthalmology and Oto-Laryngology, Buffalo, September, 1905. Reprinted from the *American Journal of Ophthalmology*, St. Louis, Mo., June, 1906.

OCCCLUSION OF A BRANCH OF THE CENTRAL ARTERY OF THE RETINA. Same Author. Reprinted from *Ophthalmology*, Milwaukee, Wis., January 1907.

SYMPOSIUM ON AMEBIC DYSENTERY. John L. Jelks, M. D., Memphis; A. A. McLendon, M. D., Marianna; J. A. Crisler, M. D., Memphis. Reprinted from the *Memphis Medical Monthly*, March, 1907.

ABDOMINAL SECTION FOR TRAUMA OF THE UTERUS. By E. S. McKee, M. D., Cincinnati, O.

TREATMENT OF ALOPECIA. Same author. **RHINITIS.** Same author.

UNILATERAL ROTARY NYSTAGMUS. By Alexa Daune, M. D., New York.

A TANGENT PLANE for accurately mapping Scotomata and the Fields of Fixation and Single Vision and for indicating the precise position of Double Images in Paralysis. Same author. Both reprinted from *The Ophthalmic Record*, October, 1906.

TRYPSIN IN CANCER. A preliminary statement, by William Seamon Bainbridge, M. S., M. D., Surgeon New York Skin and Cancer Hospital. Reprinted from the *New York Medical Journal*, March, 1907.

PARESIS. A research contribution to its Bacteriology, by F. W. Langdon, M. D., Medical Director Clinical Laboratory of the Cincinnati Sanitarium. Reprint from *American Journal of Insanity*, October, 1906.

A MANUAL OF OBSTETRICS. By A. F. A. King, M. D., Professor of Obstetrics and Diseases of Women in the Medical Department of the George Washington University, Washington, D. C., and in the Medical Department of the University of Vermont, etc. Tenth edition, enlarged and thoroughly revised. 12 mo., 688 pages, with 30 illustrations and three colored plates. Cloth, \$2.75, net, Lea Brothers & Co., Philadelphia and New York, 1907.

King's Manual of Obstetrics is one of the best books on this subject that we know of. It is an old book, having been first published over a quarter of a century ago, and now in its tenth edition. This is certainly an extraordinary record. The author being a teacher and practitioner, he has combined faculties which enable him to select and present in a clear and concise manner that which is valuable and leave out that which is worthless. Dr. King's work is a splendid effort.

INTERNATIONAL CLINICS. A Quarterly of illustrated Clinical Lectures and especially prepared original articles on treatment, medicine, neurology, surgery, pediatrics, obstetrics, gynecology, orthopedics, pathology, dermatology, ophthalmology, otology, rhinology, laryngology, hygiene, and other topics of interest by leading members of the medical profession throughout the world. Edited by W. T. Longcope, M. D., assisted by Wm. Osler, John H. Musser, A. McPhedran, Frank Billings, Chas. H. Mayo, Thos. M. Rotch, John G. Clark, James J. Walsh, J. W. Ballantyne, John Harold, Richard Kretz, with regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels, Carlsbad, etc.

Volume No. 17, Series, 1907. Octavo, 300 pp., cloth. \$2.00. J. B. Lippincott Co., Philadelphia.

This volume is divided into treatment, medicine, surgery, gynecology, ophthalmology, pediatrics, laryngology, progress of medical practice in 1906, in treatment, medicine, surgery, etc. Illustrated throughout; cloth binding. The work is well printed, and to one who wishes the latest in the world's lit-

erature, this work will appeal in a fitting way.

CATALOGUE OF MEDICAL AND SURGICAL PUBLICATIONS, with Alphabetical list of Authors. J. B. Lippincott Co., Philadelphia.

Following pamphlets have reached the Secretary's desk:

THIRTY-THIRD ANNUAL REPORT of the Medical Director of the Cincinnati Sanitarium for the year ending, November 30, 1906.

NEW AND NON-OFFICIAL REMEDIES, First Edition, March 30, 1907. Press of the American Medical Association, 103 Dearborn Ave., Chicago.

TREATMENT OF CROUPOUS PNEUMONIA IN CHILDREN, by Joseph E. Winters, M. D., New York, Professor of Diseases of Children, Cornell University Medical College, New York City. Read before the Society of Alumni, Bellevue Hospital, November 7, 1906.

FEEDING IN THE FIRST YEAR OF INFANCY. By same author.

MONTHLY BULLETIN of the Illinois State Board of Health, February, 1907, together with General Index of the Monthly Bulletin, April to December, 1906.

TUBERCULOSIS: As a Disease of the Masses and How to Combat It; with Supplements on Home Hygiene, School Hygiene, Installation of the Sanatorium Treatment at Home, and a Historical Review of the Anti-Tuberculosis Movement in the United States. Prize Essay by S. A. Knopf, M. D. Director in the National Association for the Study and Prevention of Tuberculosis; Associate Director of the Clinic for Pulmonary Diseases of the Health Department; Visiting Physician to the Riverside Sanatorium for Consumptives, City of New York.

PORTRAIT LIST OF NEW STANDARD MEDICAL WORKS. Lea Brothers, Philadelphia and New York.

ABNORMALITY IN AMNIOTIC SECRETION IN ITS RELATION TO FETAL MALFORMATION. By Joseph Browne Cooke, M. D., New York. Reprinted from the *American Journal of Obstetrics*, New York.

TWENTY-THIRD BIENNIAL REPORT of the Board of Trustees and Superintendents of the Arkansas School for the Education of the Blind, for the two years commencing October 1, 1904, and ending September 30,

This list contains a portrait of the various authors of works as published by this well-known house. It is tastily gotten up and is indeed a work of art. Copy will be sent on request.



County Officers of the Arkansas Medical Society.

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To the Secretaries—If your County Roster as given is not correct, kindly notify the Secretary, and when you have your elections, please report returns at once, that changes may be made.



